

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|                                                                  |                                      |                                                    |                                                 |                                              |                                                  |                                |
|------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------------------|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                  |                                      |                                                    |                                                 |                                              |                                                  |                                |
| <input type="checkbox"/> Sole Proprietorship                     | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trust               | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b> |                                      |                                                    |                                                 |                                              |                                                  |                                |
| <input type="checkbox"/> MBE                                     | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE                    | <input type="checkbox"/> VET                 | <input type="checkbox"/> DVET                    | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                     | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise       | Veteran Owned Business                       | Disabled Veteran Owned Business                  | Emerging Small Business        |
|                                                                  |                                      |                                                    |                                                 |                                              |                                                  |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>         |                                      |                                                    |                                                 | 231                                          |                                                  |                                |
|                                                                  |                                      |                                                    |                                                 |                                              |                                                  |                                |
| <b>Corporate/Business Entity Name:</b>                           |                                      | Aggregate Industries - SWR, Inc.                   |                                                 |                                              |                                                  |                                |
| <b>(Include d.b.a., if applicable)</b>                           |                                      |                                                    |                                                 |                                              |                                                  |                                |
| <b>Street Address:</b>                                           |                                      | 4675 W. Teco Avenue, Suite 140                     |                                                 | <b>Website:</b> aggregate-us.com             |                                                  |                                |
| <b>City, State and Zip Code:</b>                                 |                                      | Las Vegas, Nevada 89118                            |                                                 | <b>POC Name:</b> Craig Edwards               |                                                  |                                |
|                                                                  |                                      |                                                    |                                                 | <b>Email:</b> craig.edwards@aggregate-us.com |                                                  |                                |
| <b>Telephone No:</b>                                             |                                      | 702-649-6250                                       |                                                 | <b>Fax No:</b> 702-649-8813                  |                                                  |                                |
| <b>Nevada Local Street Address:</b>                              |                                      |                                                    |                                                 | <b>Website:</b>                              |                                                  |                                |
| <b>(If different from above)</b>                                 |                                      |                                                    |                                                 |                                              |                                                  |                                |
| <b>City, State and Zip Code:</b>                                 |                                      |                                                    |                                                 | <b>Local Fax No:</b>                         |                                                  |                                |
| <b>Local Telephone No:</b>                                       |                                      |                                                    |                                                 | <b>Local POC Name:</b>                       |                                                  |                                |
|                                                                  |                                      |                                                    |                                                 | <b>Email:</b>                                |                                                  |                                |

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name         | Title | % Owned<br>(Not required for Publicly Traded<br>Corporations/Non-profit organizations) |
|-------------------|-------|----------------------------------------------------------------------------------------|
| See attached list |       |                                                                                        |
|                   |       |                                                                                        |
|                   |       |                                                                                        |
|                   |       |                                                                                        |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

|                                                                                                                    |                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <br>Signature<br>Vice President | Jerry Englehart<br>Print Name<br><br>Date |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| N/A                                 |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
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|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |

\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

---

**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

ENTITY: AGGREGATE INDUSTRIES - SWR, INC.

3/21/2022

| FULL NAME                       | TITLE               | % OWNED |
|---------------------------------|---------------------|---------|
| Ian Johnston                    | Director and CFO    |         |
| Anthony Bond                    | Vice President, Tax |         |
| Matthew Woodworth               | Director            |         |
| Therese Houlahan                | Treasurer           |         |
| Jodie Earle                     | Secretary           |         |
| Cami Sandy                      | Assistant Secretary |         |
| Aggregate Industries Management | Parent Company      | 100%    |

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|                                                                         |                                      |                                                    |                                                 |                                                   |                                                  |                                |
|-------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                         |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <input type="checkbox"/> Sole Proprietorship                            | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trust                    | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>        |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <input type="checkbox"/> MBE                                            | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE                    | <input type="checkbox"/> VET                      | <input type="checkbox"/> DVET                    | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                            | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise       | Veteran Owned Business                            | Disabled Veteran Owned Business                  | Emerging Small Business        |
|                                                                         |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>                |                                      |                                                    |                                                 | 0                                                 |                                                  |                                |
|                                                                         |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <b>Corporate/Business Entity Name:</b>                                  |                                      | Aggregate Industries Management                    |                                                 |                                                   |                                                  |                                |
| <b>(Include d.b.a., if applicable)</b>                                  |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <b>Street Address:</b>                                                  |                                      | 8700 West Bryn Mawr, Suite 300                     |                                                 | <b>Website:</b> www.aggregate-us.com              |                                                  |                                |
| <b>City, State and Zip Code:</b>                                        |                                      | Chicago, Illinois 60631                            |                                                 | <b>POC Name:</b> Matt Woodworth                   |                                                  |                                |
|                                                                         |                                      |                                                    |                                                 | <b>Email:</b> matthew.woodworth@lafargeholcim.com |                                                  |                                |
| <b>Telephone No:</b>                                                    |                                      | 734-529-4182                                       |                                                 | <b>Fax No:</b> 888-529-2012                       |                                                  |                                |
| <b>Nevada Local Street Address:</b><br><b>(If different from above)</b> |                                      | 4675 W. Teco Avenue, Suite 140                     |                                                 | <b>Website:</b> www.aggregate-us.com              |                                                  |                                |
| <b>City, State and Zip Code:</b>                                        |                                      | Las Vegas, Nevada 89118                            |                                                 | <b>Local Fax No:</b> 702-649-8813                 |                                                  |                                |
| <b>Local Telephone No:</b>                                              |                                      | 702-649-6250                                       |                                                 | <b>Local POC Name:</b> Craig Edwards              |                                                  |                                |
|                                                                         |                                      |                                                    |                                                 | <b>Email:</b> craig.edwards@aggregate-us.com      |                                                  |                                |

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| Full Name         | Title | % Owned<br>(Not required for Publicly Traded<br>Corporations/Non-profit organizations) |
|-------------------|-------|----------------------------------------------------------------------------------------|
| See attached list |       |                                                                                        |
|                   |       |                                                                                        |
|                   |       |                                                                                        |
|                   |       |                                                                                        |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☐ Yes ☒ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
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I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

\_\_\_\_\_  
Signature

Jerry Englehart  
\_\_\_\_\_  
Print Name

Vice President  
\_\_\_\_\_  
Title

2/11/14  
\_\_\_\_\_  
Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
|                                     |                                                       |                                                 |                                                |
| N/A                                 |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
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|                                     |                                                       |                                                 |                                                |

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☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

ENTITY: AGGREGATE INDUSTRIES MANAGEMENT

3/21/2022

| FULL NAME                | TITLE                                   | % OWNED |
|--------------------------|-----------------------------------------|---------|
| Rene Thibault            | Director and Chairman                   |         |
| Jay Moreau               | Director, President and CEO             |         |
| Ian Johnston             | Director and Chief Financial Officer    |         |
| Anthony Bond             | Vice President, Tax                     |         |
| Therese Houlahan         | Treasurer                               |         |
| AtI Martinez             | Chief Procurement Officer               |         |
| Craig Knot               | General Counsel and Corporate Secretary |         |
| Jodie Earle              | Assistant Secretary                     |         |
| HOLCIM Participations-US | Parent Company                          | 100%    |

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|                                                                         |                                      |                                                    |                                                 |                                                   |                                                  |                                |
|-------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                         |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <input type="checkbox"/> Sole Proprietorship                            | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trust                    | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>        |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <input type="checkbox"/> MBE                                            | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE                    | <input type="checkbox"/> VET                      | <input type="checkbox"/> DVET                    | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                            | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise       | Veteran Owned Business                            | Disabled Veteran Owned Business                  | Emerging Small Business        |
|                                                                         |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <b>Number of Clark County Nevada Residents Employed:</b> 0              |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <b>Corporate/Business Entity Name:</b> Holcim Participations (US) Inc.  |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <b>(Include d.b.a., if applicable)</b>                                  |                                      |                                                    |                                                 |                                                   |                                                  |                                |
| <b>Street Address:</b>                                                  |                                      | 8700 West Bryn Mawr, Suite 300                     |                                                 | <b>Website:</b> www.aggregate-us.com              |                                                  |                                |
| <b>City, State and Zip Code:</b>                                        |                                      | Chicago, Illinois 60631                            |                                                 | <b>POC Name:</b> Matt Woodworth                   |                                                  |                                |
|                                                                         |                                      |                                                    |                                                 | <b>Email:</b> matthew.woodworth@lafargeholcim.com |                                                  |                                |
| <b>Telephone No:</b>                                                    |                                      | 734-529-4182                                       |                                                 | <b>Fax No:</b> 888-529-2012                       |                                                  |                                |
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|                                                                         |                                      |                                                    |                                                 | <b>Email:</b> craig.edwards@aggregate-us.com      |                                                  |                                |

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|-------------------|-------|-------------------------------------------------------------------------------------|
| See attached list |       |                                                                                     |
|                   |       |                                                                                     |
|                   |       |                                                                                     |
|                   |       |                                                                                     |

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1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

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Signature

Jerry Englehart  
Print Name

Vice President  
Title

24 Mar 22  
Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| N/A                                 |                                                       |                                                 |                                                |
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☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative



## DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

ENTITY: HOLCIM PARTICIPATIONS US

3/21/2022

| FULL NAME         | TITLE                                   | % OWNED |
|-------------------|-----------------------------------------|---------|
| Rene Thibault     | Director and Chairman                   |         |
| Jay Moreau        | Director, Co-President and CEO          |         |
| Ian Johnston      | Director and Chief Financial Officer    |         |
| Anthony Bond      | Vice President, Tax                     |         |
| Therese Houlahan  | Treasurer                               |         |
| Alt Martinez      | Chief Procurement Officer               |         |
| Craig Knot        | General Counsel and Corporate Secretary |         |
| Jodie Earle       | Assistant Secretary                     |         |
| LafargeHolcim Ltd | Parent Company                          | 100%    |

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|                                                                  |                                      |                                                    |                                                 |                                               |                                                  |                                |
|------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------|--------------------------------------------------|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                  |                                      |                                                    |                                                 |                                               |                                                  |                                |
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|                                                                  |                                      |                                                    |                                                 |                                               |                                                  |                                |
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|                                                                  |                                      |                                                    |                                                 |                                               |                                                  |                                |
| <b>Corporate/Business Entity Name:</b>                           |                                      | Holcim Ltd                                         |                                                 |                                               |                                                  |                                |
| <b>(Include d.b.a., if applicable)</b>                           |                                      |                                                    |                                                 |                                               |                                                  |                                |
| <b>Street Address:</b>                                           |                                      | Grafenauweg 10                                     |                                                 | <b>Website:</b> www.lafargeholcim.com         |                                                  |                                |
| <b>City, State and Zip Code:</b>                                 |                                      | 6300 Zug, Switzerland                              |                                                 | <b>POC Name:</b> Manuela Rezes                |                                                  |                                |
|                                                                  |                                      |                                                    |                                                 | <b>Email:</b> manuela.rezes@lafargeholcim.com |                                                  |                                |
| <b>Telephone No:</b>                                             |                                      | 41 58 858 86 85                                    |                                                 | <b>Fax No:</b> 888-529-2012                   |                                                  |                                |
| <b>Nevada Local Street Address:</b>                              |                                      | 4675 W. Teco Avenue, Suite 140                     |                                                 | <b>Website:</b> www.aggregate-us.com          |                                                  |                                |
| <b>(If different from above)</b>                                 |                                      |                                                    |                                                 |                                               |                                                  |                                |
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|                                                                  |                                      |                                                    |                                                 | <b>Email:</b> craig.edwards@aggregate-us.com  |                                                  |                                |

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|                   |       |                                                                                        |
|                   |       |                                                                                        |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☒ Yes ☐ No

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

|                                                                                                           |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <br>_____<br>Signature | Jerry Englehart<br>_____<br>Print Name                                                               |
| Vice President<br>_____<br>Title                                                                          | <br>_____<br>Date |

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
|                                     |                                                       |                                                 |                                                |
| N/A                                 |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
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|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |
|                                     |                                                       |                                                 |                                                |

\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

# DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

ENTITY: HOLCIM LTD

3/21/2022

| FULL NAME                 | TITLE                         | % OWNED  |
|---------------------------|-------------------------------|----------|
| Beat Hess                 | Director and Chairman         |          |
| Oscar Fanjul              | Director and Vice Chairman    |          |
| Jan Jenish                | Chief Executive Officer       |          |
| Geraldine Picauld         | Chief Financial Officer       |          |
| Patrick Kron Gerard       | Director                      |          |
| Juerg Oleas               | Director                      | Publicly |
| Hanne Birgitta Breinbjerg | Director                      | Traded   |
| Dr. Dieter Spalti         | Director                      |          |
| Philippe Block            | Director                      |          |
| Kim Fausing               | Director                      |          |
| Colin Hall                | Director                      |          |
| Naina Lal Kidwai          | Director                      |          |
| Adrian Loader             | Director                      |          |
| Claudia Sender Ramirez    | Director                      |          |
| Marcel Cobuz              | Member of Executive Committee |          |
| Milijan Gutovic           | Member of Executive Committee |          |
| Martin Kriegner           | Member of Executive Committee |          |
| Oliver Osswald            | Member of Executive Committee |          |
| Rene Thibault             | Member of Executive Committee |          |
| Magali Anderson           | Member of Executive Committee |          |
| Kieth Carr                | Member of Executive Committee |          |
| Feliciano Gonzalez Munoz  | Member of Executive Committee |          |