Business Entity Type												
☐ Sole Proprietorship ☐ Partnership		o	☐ Limited Liability Compan		■ Co	Corporation		rust	☐ Non- Profit Organiz	☐ Other		
Business Design	ation	Group			•							
□ мве	□WBE			☐ SBE ☐ PBE			□ VET		□ DVET □ ESB		SB	
Minority Business Enterprise	Women-Owned Business Enterprise			Small Business Enterprise	Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Owned Business		Emerging Small Business	
Number of Cla	rk Cou	unty Nevada	Res	sidents Employ	red:		50					
Corporate/Busin	ess Er	ntity Name:	MMC, Inc.									
(Include d.b.a., if	appli	cable)										
Street Address:			6600 Amelia Earhart Ct., Suite B			В	Website: www.nclasvegas.com/MMC					
City, State and Zip Code:			Las Vegas, Nevada 89119				POC Name: Mark Urban Email: murban@nclasvegas.com					
Telephone No:			702-642-3332				Fax No: 702-642-9876					
Nevada Local Street Address: (If different from above)			same as above				Website:					
City, State and Zip Code:							Local Fax No:					
Local Telephone No:							Local POC Name Email:					
List of Owners	Office	ers:										
All entities, with ownership or financi				ded and non-profit o		ust list th	ne names of	individu	als hold	ing more th	an five	percent (5%)
Publicly-traded with ownership or fir	entities nancial	s and non-profit interest. The disc	orga losu	anizations shall lister requirement, as a	t all Corporate applied to land-u	Officers se trans	and Directo actions, exte	ors in lie	u of dis he appli	closing the cant and the	names e lando	of individuals wner(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. **Owned**												
Full Name			Little			Title	(Not required for Publicly Trade profit organizat			d Corporations/Non-		
Greg J. Paulk			President				74%					
Brady W. Stevens				Secretary/ Treasurer			11.5%					
												
		····							***************************************			
	<u></u>			······································								
This section is not	requir	ed for publicly-tr	rade	d corporations.								
 Are any individ of Aviation, or 0 	ual mer Clark C	mbers, partners, o ounty Water Recl	owne ama	ers or principals, inv ition District full-time	olved in the bus employee(s), o	iness en r appoin	tity, a Clark (ted/elected o	County, fficial(s)	Univers	ity Medical	Center	r, Department
☐ Yes	■ No	(If yes, plea	ase r	note that County em ts, or other contract	ployee(s), or ap	pointed/	elected offici	al(s) ma		erform any v	work or	n professional

19003 - FWRC M&O CHEMICAL FACILITY

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 4

Master Rev. 8/29/2018

b	brother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?						
	☐ Yes ■ No (If y	es, please complete the Disclosur	re of Relationship form on Page 2	2. If no, please print N/A on Page 2.			
	drion on land-use approvals, co	entract approvals, land sales, leas	I herein is current, complete, and accurate. I also understand that the Board will not asses or exchanges without the completed disclosure form. Mark Urban Print Name				
Vice F	President	<u>N</u>	March 25, 2021				
Title	List any disclosures of (Mark N/A if not applicable)		Date				
	NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S DEPARTMENT			

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

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

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

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

For Count If any Disc		ly: 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/Con	nments:	
Signature		
Print Name Authorized De	-	presentative

END OF DOCUMENT