DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)														
Sole Proprietorship		Partnership		Limited Liab	oility	√	Corporation	Tru	st	Non-Profit Organization		Other		
Business Designation Group (Please select all that apply)														
□ МВЕ	☐MBE ☐WBE			□SBE			□PBE			□VET		OVET	□ESB	
Minority Business Enterprise Women-Owner Business Enterprise				Small Business Enterprise			Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business			
Number of Clark County Nevada Residents Employed: 11														
Corporate/Business Entity Name:			Wunderlich-Malec Engineering, Inc.											
(Include d.b.a., if applicable)			0404 PL 01 L P											
Street Address:			6101 Blue Circle Dr						Website: WWW.wmeng.com					
City, State and Zip Code:			Eden Prairie, MN 55343						POC Name: Lynn Patch, lynn.patch@wmeng.com Email:					
Telephone No:			952-933-3222 Fa						Fax	Fax No: 952-933-1414				
Nevada Local Street Address: (If different from above)			980 Mary Crest Rd, Suite B					te B	Website: www.wmeng.com					
City, State and Zip Code:			Henderson, NV 89014						Local Fax No:					
Local Telephone No:			702-479-7877						Local POC Name: Skyler Brown, skyler.brown@wmeng.com Email:					
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														
100% employee-owned in ESOP				Trust								Not required for Publicly Traded porations/Non-profit organizations)		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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)? 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	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. Sarah Roeder														
Signature Print Name														
General Counsel						3/27/2024								
Title					_	-	Date							

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DISCLOSURE OF RELATIONSHIP

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

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT				
n/a	7.1.2 002 1112						
11/4							
* 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 re-	noted above, please complete the follo	owing:					
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 Representa	tive						