DISCLOSURE OF OWNERSHIP/PRINCIPALS

								77 11111011 7120				
Business Entity Ty	pe (Please select	one)									
Sole Proprietorship	Partnership		Limited Liability mpany	2	Corporation	Tro	ıst	Non-Profit Organization		Other		
Business Designati	on Group (Pleas	e sel	ect all that apply))								
МВЕ	□WBE .		SBE		PBE			VET		OVET	ESB	
Minority Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		d	Veteran Owned Business	Disabled Veteran 'Owned Business		Emerging Small Büsiness	
Number of Clark County Nevada Residents Employed:												
Corporate/Business Entity Name:			The Burlate Agency lac.									
		The Burdette Agency, Inc. North Star Place Branding + Marketing										
(Include d.b.a., if applicable)		10	1073 Kings Are Water 19					sire in the	Hastaridens.com			
Street Address:		10	1023 Kings Ave Website: Northstarideas.com POC Name: Will Ketchum							377		
City, State and Zip (Code:	Jacksonville, FL 32207				Email: Will@north Star I Leas. com						
70 1 1		904.645.3160				Fax No: 904 645 6080						
Telephone No:		-10	ט פרש דו		<i>6</i> 0	_	Fa:	x No: 707 67.	3	6080		
Nevada Local Street			IA				We	ebsite:				
(If different from abo		2	171	_				and Franchis				
City, State and Zip	City, State and Zip Code:			-				Local Fax No: Local POC Name:				
Local Telephone No	э:					Email:						
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 Wowned (Not required for Publicly Traded									3			
William Ketchum		١	President			Corporations/Non-profit organizations)						
Patrick Golden				S	ce Pres	ider	rt	24.22%				
w 19												
										- N		
This section is not red	quired for publicly	/-trad	led corporations.	Are	you a publicly	-traded	corp	oration? Yes	X	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 (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.												
Signature Will Ketchum Print Name												
President + CEO 8/16/23												
Title					Date /	7						

DISCLOSURE OF RELATIONSHIP

List any disclosures below:N/A (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		
			X.		
			,		
		0			
	3				
			N .		
ş					
• Spouse – Registered	Domestic Partners – Childrer	candidate's first and second n – Parents – In-laws (first deg ndchildren – Grandparents – I	ree)		
For County Use Only:		Ħ	:		
If any Disclosure of Relationship is n	oted above, please complete the follo	wing:			
Yes No Is the County emp	oloyee(s) noted above involved in the	contracting/selection process for this	particular agenda item?		
	oloyee(s) noted above involved in any	way with the business in performance	e of the contract?		
Notes/Comments:	(*)				
Signature					
Print Name Authorized Department Representati	ive				