

DISCLOSURE OF OWNERSHIP/PRINCIPALS

| | | | | | | |
|---|--------------------------------------|--|---|--------------------------------|--|--------------------------------|
| Business Entity Type (Please select one) | | | | | | |
| <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 |
| Business Designation Group (Please select all that apply) | | | | | | |
| <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 |
| Number of Clark County Nevada Residents Employed: | | | | 115 | | |
| Corporate/Business Entity Name: CLINICAL PATHOLOGY LABRATORIES INC | | | | | | |
| (Include d.b.a., if applicable) CLINICAL PATHOLOGY LABORATORIES | | | | | | |
| Street Address: 9200 WALL STREET | | | Website: CPLLABS.COM | | | |
| City, State and Zip Code: AUSTIN TX 78754-4534 | | | POC Name: JESSICA FRENCH Email: JMFRENCH@CPLLABS.COM | | | |
| Telephone No: 702-795-4900 | | | Fax No: | | | |
| Nevada Local Street Address: 2430 N DECATUR BLVD (If different from above) | | | Website: CPLLABS.COM | | | |
| City, State and Zip Code: LAS VEGAS NV 89108 | | | Local Fax No: | | | |
| Local Telephone No: 702-795-4900 | | | Local POC Name: JESSICA FRENCH Email: JMFRENCH@CPLLABS.COM | | | |

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 (Not required for Publicly Traded Corporations/Non-profit organizations) |
|---|-------|---|
| SONIC HEALTHCARE USA INVESTMENTS INC | _____ | 100% / 0 |
| SONIC HEALTHCARE INTERNATIONAL PTY, LTD | _____ | _____ |
| DOUGLASS HANLY MOIR PATHOLOGY PTY LTD | _____ | _____ |

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.

| | |
|--|---------------------------------|
|  Signature | Jessica M. French Print Name |
| Territory Manager Title | 6/20/2023 Date |

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| Business Designation Group (Please select all that apply) N/A | | | | | | |
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| (Include d.b.a., if applicable) CPL | | | | | | |
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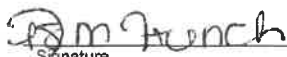
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| Full Name | Title | % Owned (Not required for Publicly Traded Corporations/Non-profit organizations) |
|-------------------|-------------------------|--|
| MARK SILBERMAN MD | PRESIDENT | |
| JERRY HUSSONG MD | VICE PRESIDENT | |
| JAMES WEST | CHIEF FINANCIAL OFFICER | |
| KENNETH A JOHNSON | SECRETARY | |

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 Signature
Territory Manager
 Title

Jessica M. French
 Print Name
08/14/2023
 Date



CLINICAL PATHOLOGY LABORATORIES

A Sonic Healthcare Clinical Laboratory

Clinical Pathology Laboratories, Inc. ("CPL")
9200 Wall Street
Austin, TX 78754-4534
Federal Employer Identification Number (EIN): 74-2554159

Direct and Indirect Ownership of CPL

1. Sonic Healthcare USA Investments, Inc.
12357-A Riata Trace Parkway, Suite 210, Austin, TX 78727
100% Direct Owner (Sole Shareholder of CPL)

Indirect Owners of Clinical Pathology Laboratories, Inc.

2. Sonic Healthcare International Pty, Ltd.
Level 22, 225 George St, Sydney NSW 2000, AU
100% Indirect Owner. (100% direct owner or 1)

3. Douglass Hanly Moir Pathology Pty, Ltd.
Level 22, 225 George St, Sydney NSW 2000, AU
100% Indirect Owner. (100% direct owner or 2)

4. Sonic Healthcare Limited
Level 22, 225 George St, Sydney NSW 2000, AU
100% Indirect Owner. (100% direct owner or 3)

Clinical Pathology Laboratories, Inc. Officers

None of these individuals are related to each other or to the board members.

| NAME | ADDRESS |
|-------------------------------------|--|
| Mark Silberman, MD, President | 9200 Wall Street, Austin, TX 78754 |
| Jerry Hussong, MD, Vice President | 12357-A Riata Trace Parkway, Suite 210, Austin, TX 78727 |
| James West, Chief Financial Officer | 12357-A Riata Trace Parkway, Suite 210, Austin, TX 78727 |
| Kenneth A. Johnson, Secretary | 12357-A Riata Trace Parkway, Suite 210, Austin, TX 78727 |

Clinical Pathology Laboratories 9200 Wall Street, Austin, TX 78754
P 512.339.1275 | F 512.873.5069

www.cpllabs.com

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 | N/A | N/A | N/A |
| ~ | ~ | ~ | ~ |
| ~ | ~ | ~ | ~ |
| ~ | ~ | ~ | ~ |
| ~ | ~ | ~ | ~ |
| ~ | ~ | ~ | ~ |
| ~ | ~ | ~ | ~ |
| ~ | ~ | ~ | ~ |

* 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