Business Entitle To	no (Pleses enlast	One\									
Business Entity Ty			imited Liability		Cornomian	Trus	-t	Non-Profit		Other	
Proprietorship	Partnership	Com	ipany	_	Corporation	Lirus	ol .	Organization	_	E Outer	-
Business Designati							1			N/FT	□ESB
MBE	WBE	-	SBE	-	PBE		\dashv	□ VET		OVET	Emerging Small
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent			Veteran Owned Business		abled Veteran ned Business	Business
				_							
Number of Cla	rk County Ne	evad	a Residents	Ε	mployed:				1		
Corporate/Business	s Entity Name:	Bluur	m USA, Inc.								
(Include d.b.a., if ap	plicable)										
Street Address:		4675	E Cotton Cente	er E	Blvd Ste 155			bsite: www.bluum.com	า 		
Oite State and Zin	Codo	Phoe	enix, AZ 85040				РО	C Name: Kat Gannon			
City, State and Zip	Code:							hail: kat.gannon@	bluui	m.com	
Telephone No:		800-	352-7912			W	Fax	x No: 800-752-1299			
Nevada Local Stree	203	6225	S Valley View	Sui	ite A&B		We	bsite: www.bluum.con	n		
City, State and Zip		Las \	Vegas, NV 8911	19			Lo	cal Fax No: 800-752-12	299		
0.0), 0.000		702	637-3744				Lo	cal POC Name: Kat Ga	nnor	1	
Local Telephone No	0:	102-	037-3744				Em	nail: kat.gar	าทอก(@bluum.com	
= avature to all had	voinees association	o organ	sized under or do	VAL	ned by Title 7 of	the Neva	da F	ends to the applicant and Revised Statutes, including os, and professional corpo	g but oration	not limited to privans. % Owne	d
	r dir (vaine									lot required for Pu orations/Non-profi	
See attached		_									
			· ·	_							
This section is not r	equired for public	iy-trad	ed corporations.	Ai	re you a publicl	y-traded o	corp	oration? Yes	_] No	-t- D-t
Are any individu Center or Clark	County Water Recl	lamatio	n District full-time	em	ipioyee(s), or app	pomiedie	ectet				
Yes	col	ntracts	, or other contract	S, V	which are not sub	oject to cor	mpe				
sister, grandchi	ld, grandparent, rel ee(s), or appointed	lated to l/electe	a Clark County, d official(s)?	De	partment of Avia	ition, Clark	(00	stic partner, child, parent, unty Detention Center or	Olaik	County Water New	clamation District
Yes	✓ No (If	yes, pl	ease complete the	e Di	isclosure of Rela	itionship fo	orm o	on Page 2. If no, please p	orint N	I/A on Page 2.)	
I certify under penalty land-use approvals, c	of perjury, that all ontract approvals,	of the i	nformation provide les, leases or excl	ed I har	herein is current, nges without the	, complete completed	, and disc	d accurate. I also understa closure form.	and th	nat the Board will n	ot take action on
Michael Tierney	Digitally signed Date: 2024.09.3	l by Micha 26 12:20:3	el Tierney 30 -05'00'		Michael Tierr	ney					
-	inor				9/26/2024						
Chief Operating Off	ICEI				Date						

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

Authorized Department Representative

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			
		8	
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
 Brothers/Sisters – H 	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
2.00,000			
For County Use Only:	and all all and a place of complete the fell	owing:	
•	noted above, please complete the foll aployee(s) noted above involved in the		particular agenda item?
	pployee(s) noted above involved in any		
Notes/Comments:	ipioyee(s) noted above inverted in any	,,	
Notes/Odifficities.			
Signature			
DidNess			
Print Name			

BLUUM PARENT, LLC AND ITS SUBSIDIARIES LIST OF MEMBERS/ SHAREHOLDERS, OPERATING BOARD/BOARD OF DIRECTORS AND (as of February 29, 2024)

Name of Entity	Members / Shareholders	Operating Board / Board of Directors	
Bluum Majority Parent, LLC (f/k/a CDI-Troxell Majority Parent, LLC)	H.I.G. Growth Partners - CDI, LLC	Operating Board: Ross Hiatt Eunji Chung	Ross Hiatt – President, Eunji Chung – Vice Pro Treasur
(Delaware)	Elta Investment LLC	Jonathan Schwartz Joseph Zulli	Jonathan Schwartz – V
	Twin Brook Equity Holdings LLC		
	Michael Ruprich		
	JTRMD Inc.		
Bluum Parent, LLC (f/k/a CDI-Troxell Parent, LLC) (Delaware)	Bluum Majority Parent, LLC (f/k/a CDI-Troxell Majority Parent, LLC)	Operating Board: Ross Hiatt Eunji Chung Joseph Zulli	Ross Hiatt – Chairman Derrek Hallock – Chiel Eunji Chung – Vice Pro Treasur
	2704108 Ontario Inc.	Jonathan Schwartz Erez Pikar Steve Loose Saar Pikar	Jonathan Schwartz – V
Bluum Intermediate, LLC (f/k/a CDI-Troxell Intermediate, LLC) (Delaware)	Bluum Parent, LLC (f/k/a CDI-Troxell Parent, LLC)	Member-Managed	Derrek Hallock – Chiel Dan Groskreutz – Chiel Naipaul Sheosankar – 7 S
			Sarah Brown – Secretai Sarah Kydd – Authoriz Craig Schramm – Auth

Name of Entity	Members / Shareholders	Operating Board / Board of Directors	
Bluum Holdings, LLC (f/k/a Troxell Purchaser, LLC) (Delaware)	Bluum Intermediate, LLC (f/k/a CDI-Troxell Intermediate, LLC)	Member-Managed	Derrek Hallock – Chief Dan Groskreutz – Chief Naipaul Sheosankar-Tr Sarah Brown – Secretar Sarah Kydd – Authoriz Craig Schramm – Auth
2202690 Alberta ULC (Alberta ULC)	Bluum Holdings, LLC (f/k/a Troxell Purchaser, LLC)	Ross Hiatt Eunji Chung Erez Pikar	Derrek Hallock – Chief Dan Groskreutz – Chief Jonathan Schwartz – V Eunji Chung – Treasur Naipaul Sheosankar – 7 a Sarah Brown – Secretar Sarah Kydd – Authoriz Craig Schramm – Auth
2393813 Ontario Inc. (Canada)	2202690 Alberta ULC	Ross Hiatt Eunji Chung Erez Pikar	Derrek Hallock – Chief Dan Groskreutz – Chief Jonathan Schwartz – V Eunji Chung – Treasum Naipaul Sheosankar – z and A Sarah Brown – Secreta Sarah Kydd – Authoriz Craig Schramm – Auth

Name of Entity	Members / Shareholders	Operating Board / Board of Directors	
Bluum Technology Canada, Inc. (f/k/a CDI Computer Dealers Inc.) (Canada)	2393813 Ontario Inc.	Ross Hiatt Eunji Chung Erez Pikar	Derrek Hallock – Chief Dan Groskreutz – Chie Mark Stachulski – Exe Naipaul Sheosankar – A Contro Sarah Brown – Secreta Sarah Kydd – Authoriz Craig Schramm – Auth Irving Lopez – Authori Michael Tierney – Auth Melissa Curtis – Autho
2704108 Ontario Inc. (Canada)	EP Holdco Inc. Erez Pikar Gal Pikar Gal Pikar Family Trust GP Holdco Inc. Naipaul Sheosankar Naipaul Sheosankar Family Trust Saar Pikar Saar Pikar SP Holdco Inc.	Erez Pikar Saar Pikar Mark Stachulski	Erez Pikar – President Saar Pikar-Authorized Naipaul Sheosankar – (A
Bluum (US) Corporation (f/k/a CDI Computers (US) Corp.) (Delaware)	Bluum Holdings, LLC (f/k/a Troxell Purchaser, LLC)	Ross Hiatt Eunji Chung Erez Pikar	Derrek Hallock – Chiel Dan Groskreutz – Chiel Naipaul Sheosankar – Autho Sarah Brown – Secreta Sarah Kydd – Authoriz Craig Schramm – Auth

Name of Entity	Members / Shareholders	Operating Board / Board of Directors	
	Di (UG) Ction	Ross Hiatt	Derrek Hallock – Chief
LifeSpan International, Inc.	Bluum (US) Corporation	Eunji Chung	Dan Groskreutz – Chie
(Delaware)	(f/k/a CDI Computers (US)	Eunji Chung Erez Pikar	Mark Stachulski-Execu
	Corp.)	Elez Fikai	Naipaul Sheosankar – 1
			Auth
			Sarah Brown – Secreta
			Sarah Kydd – Authoriz
			Craig Schramm – Auth
	Dham Haldings LLC	Ross Hiatt	Derrek Hallock – Chief
Bluum Holdco, Inc.	Bluum Holdings, LLC (f/k/a Troxell Purchaser, LLC)	Eunji Chung	Dan Groskreutz – Chie
(f/k/a TXL Holding Corporation)	(1/k/a Troxell Pulchaser, LLC)	Erez Pikar	Naipaul Sheosankar —
(Delaware)		LICZ I IKUI	Si
			Sarah Brown – Secreta
			Sarah Kydd – Authoriz
			Craig Schramm – Auth
Dlum IICA Inc	Bluum Holdco, Inc.	Ross Hiatt	Derrek Hallock - Chief
Bluum USA, Inc. (f/k/a Troxell Communications, Inc.)	(f/k/a TXL Holding	Eunji Chung	Dan Groskreutz - Chie
(Delaware)	Corporation)	Erez Pikar	Mark Stachulski – Exe
(Delawale)	Corporation		Naipaul Sheosankar – '
			Si
			Sarah Brown - Secreta:
			Sarah Kydd – Authoriz
			Craig Schramm – Auth
			Irving Lopez – Authori
			Michael Tierney – Autl
			Melissa Curtis – Autho
Bluum Integration, LLC	Bluum USA, Inc.	Member-Managed	Derrek Hallock - Chief
(f/k/a Integrated AV Systems, LLC)	(f/k/a Troxell Communications,		Dan Groskreutz – Chie
(Delaware)	Inc.)		Naipaul Sheosankar – [
(Solariar)	ĺ		Si
			Sarah Brown - Secreta
			Sarah Kydd – Authoriz
			Craig Schramm – Auth

Name of Entity	Members / Shareholders	Operating Board /	
Name of Entity	Widness Shareness	Board of Directors	
Bluum of Texas, LLC (f/k/a CDI Dallas, LLC) (Delaware)	Bluum Holdings, LLC (f/k/a Troxell Purchaser, LLC)	Member-Managed	Derrek Hallock – Chief Dan Groskreutz – Chief Mark Stachulski – Exec Naipaul Sheosankar – Si Sarah Brown – Secreta Sarah Kydd – Authoriz Craig Schramm – Auth Irving Lopez – Authori Michael Tierney – Auth Melissa Curtis – Autho
Bluum of Minnesota, LLC (f/k/a Tierney Brothers LLC) (Minnesota)	Bluum Holdings, LLC (f/k/a Troxell Purchaser, LLC)	Member-Managed	Derrek Hallock – Chiel Dan Groskreutz – Chiel Mark Stachulski – Exe Naipaul Sheosankar – Si Sarah Brown – Secreta Sarah Kydd – Authoriz Craig Schramm – Auth Irving Lopez – Authori Michael Tierney – Auth Melissa Curtis – Autho

Business Entity Typ	oe (Please select			1	Non-Profit		_	
Sole Proprietorship	Partnership	Company	Corporation	Trust	Organization		Other	
Business Designati	on Group (Pleas	e select all that apply)		f_	1_		
МВЕ	□WBE	SBE	PBE		VET		VET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business		bled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	evada Residents	Employed:			200+		
Corporate/Business	s Entity Name:	CDW Government L	.LC					
(Include d.b.a., if ap								
Street Address:		230 N. Milwaukee A	ve	w	ebsite: www.cdwg.com	m		
Otteet Addiess.		Vernon Hills, IL 600	61		OC Name: Kim Alessa			
City, State and Zip	Code:				mail: kim.alessar		dw.com	
		800.808.4239			ax No: 847.968.0962			
Telephone No:		000.000.4200						
Nevada Local Stree		201 E Alexander Ro	1.	W	febsite: www.cdwg.co	111		
(If different from ab		North Las Vegas, N	V 89030		ocal Fax No: ^{847,968,}	0962		
City, State and Zip	Code:	Moral Edo Vogas, II	. 0000		ocal POC Name: Mich		lossberg	
Local Telephone No	o:	800.800.4239					dwg.com	
close corporations, for	eign corporations, l	limited liability companie	es, partnerships, limi	ited partnersr	Revised Statutes, includ hips, and professional cor	porations	s.	
	Full Name			Title			% Owne ot required for Pu prations/Non-prof	blicly Traded
Please see attachme	ent at end of doc	ument for th				-		
			Ann version and the	lu tradad ac-	rporation?		No	
4 Are any individu	al mambare narthe	ly-traded corporations. ers, owners or principals amation District full-time	involved in the bus	siness entity,	a Clark County, Departme		1	nty Detention
Yes	No (If	yes, please note that Contracts, or other contract	ounty employee(s), outs, which are not sul	or appointed/o	elected official(s) may no etitive bid.)			
sister, grandchil	d, grandparent, rel ee(s), or appointed	lated to a Clark County, /elected official(s)?	Department of Avia	ation, Clark C	estic partner, child, paren ounty Detention Center c) Olark (Southly Trailer 7 to	half-brother/half- clamation District
Yes					n on Page 2. If no, please			
I certify under penalty			led herein is current	complete, a	nd accurate. I also under	stand tha	at the Board will r	
land-use approvals, c	of perjury, that all on tract approvals, I	of the information provid and sales, leases or exc	changes without the	completed di	sclosure form.			ot take action on
land-use approvals, c	ontract approvals, I	of the information provid and sales, leases or exc by Dario J. Bertocchi 17 12:11:51-04'00'	Dario Bertoo	completed ut	sclosure form.			oot take action on
land-use approvals, c Dario J. Bertocch	ontract approvals, I Digitally signed Date: 2024.10.	and sales, leases or exc by Dario J. Bertocchi 17 12:11:51 -04'00'	Dario Bertoc	echi	sclosure form.			ot take action on

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' DEPARTMENT
N/A	N/A	N/A	N/A
	W		

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

"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:
Dario J. Bertocchi Digitally signed by Dario J. Bertocchi Dale: 2024.10.17 12:12:18-04:00
Signature
Dario Bertocchi
Print Name Authorized Department Representative

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

CDW Government Officers

CDW Corporate Structure including International Entities as of 9/24/2024

			Outside Boards	
Company	Title or Positions Held	Date of Current Title Change	Company Name NAICS #454110 UEI# PHZDZ8SJ5CM3	Profit or Nor Profit
OVERNMENT LLC				
ited Liability Company - Organized 1	2/31/2009, Manager Managed ia wholly owned subsidiary of CDW LLC)			
ddress: 230 N. Milwaukee Avenue, V	ernon Hills, II, 50061	C(K # 0001498445		
30110	IL File No. 02909235	DUNS # 02-615-7235	NAICS #454110 UEIF PHZDZ8SJ8CM1	
	BOARD OF M	ANAGERS		
Christine A. Leahy				
Chrisena M. Corley				
Robert F. Kirby				
	BOARD ELECTE	D OFFICERS		
Robert F. Kirby	President			
Christina M. Codey	Chief Commercial and Operating Officer			
Elizaboth H. Connelly	Senior Vice President - Vertical Markets			
Albert J. Miralles	Senior Vice President and Chief Financial Officer			
Peter R. Locy	Vice President, Controller and Chief Accounting Officer			
Kevin W. White	Vice President, Treasurer and Assistant Secretary			
Frederick J. Kulevich	Secretary			
Timothy F. Chmielewski	Assistant Treasurer			
Haary R. Motima	Assistant Secretary			
Ann G. Mayberry	Assistant Secretary			
Shannon A. Toolis	Assistant Secretary			
The state of the s	APPOINTED (OFFICERS		
Tara K. Barbien	Vice President			
Dario Bertocchi	Vce President			
Burgamar A. Bourbon	Vice President			
Kyle J. Caron	Assistant Treasurer			
Marcos Christodonte II	Vice President - CISO			
Michael T. Grisamore	Vice President			
Randy C. Harris	Vice President			
David C. Hutchins	Vice President			
Jonathan Kad	Vice President			
Jason Parry	Vice President			
imran Salim	Vice President			
Joseph K. Simone	Vice President			
Rebecca Wagner	Vice President			

r										
Business Enti	ty Type (Please sele	ct one)	_					_	T	
☐ Sole Proprietorship	□Partnership	Limited Liability Company	[2	Corporation	□ Tr	ust	☐ Non-Profit Organization		☐ Other	
Business Desi	gnation Group (Ple	ase select all that app	y)					_		1
☐ MBE	☐ WBE	☐ SBE		☐ PBE		_	☐ YET		DVET	☐ ESB
Minority Busine Enterprise	less Women-Owned Small Business Enterprise Enterprise			Physically Ch Business Ent		d	Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
			m. uer.							
Number of	Clark County I	Nevada Resident	s E	Employed:	18					
Italiioti Oi	Old III County									
Corporate/Bus	es,	Inc.			*					
		Arctig								
(Include d.b.a.		5241 California	Av	re, #150		We	bsite: arctiq.co	m		
Street Address						PO	C Name: Hunter	Carr	eira	
City, State and	Zip Code:	Irvine, CA 926	17				ail: hunter.carr	eira@	arctio.com	
		949-271-6700					KNo: 949-271-			
Telephone No:		717 271 0.00	-					-		
Nevada Local	Street Address:	7140 Dean Mar	tin	Drive Suite	1100	We	ebsite: arctiq.co	III		
(If different fro	m above)	Las Vegas, NV				_				
City, State and	Zip Code:	Las vegas, ivv	02	110		_	Local Fax No: Hunter Carreira			
Local Telephor	ne No:	701-777-2690		Local POC Name:				hunter.carreira@arctiq.com		
ownership or fina	ncial interest. The disc	ifit organizations shall closure requirement, as a ns organized under or go , limited liability compani	hhiic	and by Title 7 of t	he Neva	da R	evised Statutes, includ	ing but corpora	not limited to priva	te corporations, i olicly Traded
D 101 7		T	are	nnt.				100%		
DynTek, In	с.		arc	2111						

					-	_		-		
This section is n	not required for publi	cly-traded corporations	. A	re you a publici	y-tradeo	cor	poration?		No No	
Are any ind Center or C	lark County Water Red	ners, owners or principals clamation District full-time	2 4111	ibiological or ab	po	.,				
☐ Yes	3	f yes, please note that (ervice contracts, or other	con	tracts, which are	not sup	jeci i	o competitive bid.)			
eigter grant	dchild, grandparent, re plovee(s), or appointe	ers, owners or principals I lated to a Clark County. C d/elected official(s)?	<i>r</i> epa	Millett of Aviance	III, QIZIK	000	ny common common		•	alf-brother/half- amation District
☐ Yes	□ No (I	f yes, please complete th	e Di	sclosure of Rela	tionship	form	on Page 2. If no, plea	ıse prin	t N/A on Page 2.)	
I certify under per on land-use appro	nalty of perjury, that all ovals, contract approve	of the information provid als, land sales, leases or	led h	nerein is current, hanges without t	complet he comp	e, ar leted	nd accurate, I also und I disclosure form.	erstand	that the Board will	not take action
Kevin O't	tare			Kevin O'H	are					
(evio O'Hare (Mar. 26, Signature	2025 12-24 FDT)		-	Print Name						
CFO				03/26/202	5					
Title			-	Date						

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			
			100
 Spouse – Registere 	nsanguinity" applies to the car d Domestic Partners – Childre	en – Parents – In-laws (first d	egree)
or County Use Only:			
any Disclosure of Relationship is	noted above, please complete the fon noted above involved in the	e contracting/selection process for the	nis particular agenda item?
Yes No Is the County en	nployee(s) noted above involved in all nployee(s) noted above involved in all	ny way with the business in performa	ance of the contract?
Yes No is the County en	inployee(s) notes above an arrange		
AOTES COUNTRICES			
Signature			
Print Name Authorized Department Represent			

	in the second										
Business Entity Ty	pe (Please selec	Limited	T				Non-Profit	t	Other	- 4000	
Proprietorship.	Partnership	Liability Company		Corporation	☐ Tru		anization		C) Other		
Business Designat	ion Group (Pleas	se select all that appl	ly)			—	4 7500		DVET	ESB	
MBE	☐ WBE	SBE	-	PBE	-				DVET		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise		Physically Ch Business Ente			ran Owne ness		sabled Veteran vned Business	Emerging Small Business	
				WARRING TO THE STREET			*******************************				
Number of Cla	rk County N	evada Resident	s E	mployed:	18						
Corporate/Busines	s Entity Name:	DynTek, Inc.				w. w.					
(Include d.b.a., if a	oplicable)	office of Section 1									
Street Address:		5241 California	Ave	e, #150		Website		q.com			
City, State and Zip	Code:	Irvine, CA 926	17			POC Nai	ne.	nter Carre .carreira@	eira arctig.com		
Telephone No:		949-271-6700				Fax No:	949-2	271-6794			
Nevada Local Stree	t Address:					Website	arcti	iq.com			
(If different from ab		7140 Dean Mart	tin I	Orive, Suite	1100						
City, State and Zip		Las Vegas, NV	891	18		Local Fa	x No:				
Gray, Grate Grid Lip			Lo			Local POC Name: Hunter Carreira					
Local Telephone No):	701-777-2690		Email: hu			hunter.c	nter.carreira@arctiq.com			
Publicly-traded entiti ownership or financial	ies and non-profi	pearing before the Boar t organizations shall sure requirement, as as organized under or governments	list :	g to land-use as	he Neva	ia Revised	Statutes, i	including but	not limited to privat		
	Full Name			Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			
A matter. I man		מ	are	t				100%			
Arctiq, Inc.	auma E04 or m	ore ownership as	-		s a priv	vate equ	itv backe	ed compa	ny.		
No individual o	JWHS 570 OL III	ore ownership as	our	company i	ou piii	aro squ	1	· · · · · · · · · · · · · · · · · · ·			
	il members, partne County Water Recia	y-traded corporations. rs, owners or principals, amation District full-time	, invo	lived in the bus doyee(s), or ap	iness ent pointed/e	tity, a Clark lected offic	County, D				
☐ Yes	☑ No (If y	yes, please note that C vice contracts, or other	Count conti	ty employee(s), racts, which are	, or appo not subj	inted/elect ect to com	ed official(petitive bid	s) may not p .)	erform any work o	on professional	
eieter grandchild	, grandparent, relate e(s), or appointed/	s, owners or principals h ted to a Clark County. D elected official(s)?	vehar	MIEM OF AVIANC	m, Glain	ouding 20			•	elf-brother/half- amation District	
☐ Yes	□ No (If)	res, please complete the	e Dis	closure of Rela	tionship	form on Pa	ige 2. If no	o, please print	N/A on Page 2.)		
I certify under penalty on land-use approvals,	of perjury, that all o contract approvals	f the information provide s, land sales, leases or e	ed fie exch	erein is current, anges without t	complete he compl	e, and acci leted disclo	urate, I also sure form.	understand	that the Board will	not take action	
Kevin O'Hare	2			Kevin O'H	are						
The same of the sa				Print Name							
CFO			- 1	03/26/202	25						
Title				Date						- In the second	

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

Notes/Comments:

Print Name Authorized Department Representative

Signature

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			

Reclamation District. Consanguinity" is a relation To the second degree of co Spouse – Registere	Clark County, Department of A ship by blood. "Affinity" is a ransanguinity" applies to the car and Domestic Partners – Childre	elationship by marriage. ndidate's first and second deg en – Parents – In-laws (first d	ree of blood relatives as follow
for County Use Only:	noted above, please complete the fo	ollowing:	
T V CI No. Is the County en	nnlovee(s) noted above involved in th	ne contracting/selection process for the	nis particular agenda item?
Tyes ☐ No Is the County er	nployee(s) noted above involved in a	ny way with the business in performa	ince of the contract?

B	us (Dianas salss	t anni								
Business Entity Tyj	pe (Please selec	t one)	T		- ·	☐ Non-Profit		Other		
Proprietorship	Partnership	Liability Company		Corporation	☐ Trust	Organization		D Other	31	
Business Designati	on Group (Pleas	se select all that app	y)			T	Ton	VET	□ ESB	
MBE	☐ WBE	SBE		PBE		□ VET		VET	Emerging Smal	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise		Physically Ch Business Ent		Veteran Owned Business		ned Business	Business	
							w/	CUNG.		
Number of Cla	rk County N	evada Resident	ts E	Employed:						
Corporate/Business	Entity Name:	Arctiq, Inc.				(mitinus)	-	7.20 (A. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
(Include d.b.a., if ap										
Street Address:		5241 California	Av	re, #150	N	/ebsite: arctiq.c				
City, State and Zip C	Code:	Irvine, CA 926	17			mail: hunter.ca				
Telephone No:		949-271-6700			F	ax No: 949-271	-6794			
Nevada Local Street		7140 Dean Martin Drive, Su				/ebsite: arctiq.o	com			
(If different from about City, State and Zip		Las Vegas, NV 89118			L	Local Fax No:				
Local Telephone No		701-777-2690				Local POC Name: Hunter Carreira Email: hunter.carreira@arctiq.com				
	Full Name	s organized under or go (imited liability compani	.,		Title		(Not	% Owner	licly Traded	
							Corporations/Non-profit organizations)			
	pital Partners	50/	Parent 71.5 wnership as our company is a private equity backed company.							
No	individual ow	ns 5% or more o	WIIE	ership as our	Compai	ly 15 a private eq	are y out		Š	
									4	
			-		AMMIN		dress Wile		·	
This section is not re-	quired for publici	y-traded corporations	. A	re you a publici	ly-traded co	orporation?		No Cloth Co		
	il members, partne county Water Reck	ers, owners or principals	s, inv	olved in the bus	iness entity pointed/elec	, a Clark County, Departed official(s)?	artment of A	- Aviation, Clark Co	ounty Detention	
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Are any individual Center or Clark C Yes Do any individual sister, grandchild	Il members, partne county Water Reck No (If ser members, partner , grandparent, rela e(s), or appointed/	ers, owners or principals amation District full-time yes, please note that of vice contracts, or other s, owners or principals ted to a Clark County, I elected official(s)?	s, inv e em Cour con have Depa	volved in the bus ployee(s), or ap hty employee(s), tracts, which are a spouse, regis rtment of Aviatic	siness entity pointed/elect , or appoint e not subject tered domes on, Clark Co	, a Clark County, Departed official(s)? ed/elected official(s) related to competitive bid.) stic partner, child, pareunty Detention Center	nay not pe nay in-law or or Clark Co	viation, Clark Co	ounty Detention on professional aff-brother/half-	
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Are any individual Center or Clark C Pes Do any individual sister, grandchild, full-time employed Pes I certify under penalty con land-use approvals,	Il members, partner county Water Reck County Water Reck County Water Reck Service R	ers, owners or principals amation District full-time yes, please note that ovice contracts, or other s, owners or principals ted to a Clark County, beleated official(s)?	s, involved have Di	volved in the bus into year, or ap inty employee(s), or ap inty employee(s), tracts, which are a spouse, registratment of Aviation is closure of Relaterating is current, manges without the Kevin O'H	siness entity pointed/elect, or appoint and subject tered domeson, Clark Contionship for complete, a complete are	, a Clark County, Departed official(s)? ed/elected official(s) r t to competitive bid.) stic partner, child, pare unty Detention Center m on Page 2. If no, pl	nay not pe nay not pe nt, in-law or or Clark Co ease print N	viation, Clark Co iform any work or brother/sister, hounty Water Reci	ounty Detention on professional alf-brother/half- amation District	

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

Print Name Authorized Department Representative

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			
	- A Vec		
17			
clamation District. onsanguinity" is a relation o the second degree of col	ship by blood. "Affinity" is a rensanguinity" applies to the car	elationship by marriage. ididate's first and second deg	ree of blood relatives as follow
Spouse – Registere	d Domestic Partners – Childre	en – Parents – In-laws (first d	legree)
Brothers/Sisters – H	lalf-Brothers/Half-Sisters – Gr	andchildren – Grandparents	In-laws (second degree)
r County Use Only:	and above please complete the fo	llowing:	
any Disclosure of Relationship is	noted above, please complete the fon ployee(s) noted above involved in the	e contracting/selection process for t	his particular agenda item?
Vac III No Is the County en			
Yes No Is the County en	nployee(s) noted above involved in ar	ny way with the business in perform	ance of the contract?
Yes 🗌 No Is the County en	nployee(s) noted above involved in ar	ny way with the business in perform.	ance of the contract?
Yes □ No Is the County en Yes □ No Is the County en otes/Comments:	nployee(s) noted above involved in ar	ny way with the business in perform.	ance of the contract?

					_			_				
Bus	iness Entity T	ype (Please sele	ct one)				_	_				
Prop	Sole prietorship]Partnership	Liability Co		X	Corporation	☐ Tru	ust	Non-Profit Organization		C Other	
Bus	iness Designa	tion Group (Plea	se select all	that apply	y)							[= sep
	/BE	☐ WBE	☐ SE	3E	_	☐ PBE		-	□ VET		DVET	□ ESB
	ority Business erprise	Women-Owner Business Enterprise	Small Business Enterprise			Physically Ch Business Ent		d	Veteran Owner Business		abled Veteran rned Business	Emerging Small Business
			_									
Nu	mber of Cla	ark County N	levada Ro	esidents	s E	Employed:	18					
Cor	Corporate/Business Entity Name: Gallant Capital Pa				artners							
(Incl	ude d.b.a., if a	pplicable)			_		- 450	_	n.			
Stre	et Address:		1800 Av	enue of	th	e Stars, Suit	e 1450	We	Daito.	ntcapital.		
City,	, State and Zip	Code:	Los An	geles, CA	1 9	90067			ail: kevin.	Kevin O'H <u>ohare@aı</u>		
Tele	phone No:		973-89	6-2421				Fax	x No: 949-2	71-6794		
	ada Local Stre	et Address:	7140 D	ean Mar	tin	n Drive, Suit	e 1100		ebsite: arcti	q.com		
(If di	fferent from a	bove)						_	and Face Man			
City	, State and Zi	Code:	Las Vegas, NV 89118					_	Local FOC Name: Hunter Carreira			
Loca	al Telephone N	lo:	701-73	77-2690		Local POC Name: Hunter Carreira hunter.carreira				q.com		
close	corporations, fo	usiness association oreign corporations Full Name	, limited habili	ry companie	3 5 ,	pannersnips, ili	Title	, 16, 31	11ps, 2110 p. 51555	(N	% Owne at required for Pu orations/Non-profi	d blicky Traded
N	o individua	l owns 5% or n	nore owne	rship as	со	mpany is a	private	e equ	aity backed co	ompany.		
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This	section is not	required for public	cly-traded co	rporations.	. A	re you a public	:ly-trade	d coi		☐ Yes	⊠ No	
1.	. 3 . 6.7.1	ual members, partr	ers, owners o	or principals rict full-time	in en	valved in the bu nployee(s), or a	siness er opointed/	ntity, /elect	a Clark County, D ed official(s)?			
	☐ Yes	S	ervice contrac	ts, or other	COT	ntracts, which ar	e not sur	oject	d/elected official(to competitive bid	.,		
2.	eleter grandch	ial members, partne ild, grandparent, rel yee(s), or appointe	ated to a Clar d/elected offic	k County, D ial(s)?	/ep	attitient of Aviau	on, oran				•	
	☐ Yes	☐ No (1)	f yes, please	complete th	e D	isclosure of Rel	ationship	form	on Page 2. If no	, please prin	t N/A on Page 2.)	Town and the second
I cert	tify under penalt and-use approva	y of perjury, that all is, contract approve	of the informatis, land sales	ation provid , leases or	ed exc	herein is current changes without	t, comple the com	ete, ai pleted	nd accurate, I also d disclosure form.	understand	that the Board wi	not take action
K	evin O'Ha	re				Kevin O'I	Hare					
(evin O	Hare (Apr 1, 2025)					Print Name						
CF						04/01/202	25					
Title						Date						
					_							

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			
Consanguinity" is a relation	ship by blood. "Affinity" is a rensanguinity" applies to the car	elationship by marriage. ndidate's first and second deg	ree of blood relatives as follow
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	(Disease)									
Business Entity Ty	pe (Please selec		mited Linbills				Non-Profit		eminor	
Proprietorship	Partnership	Comp			Corporation	Trus	Organization		Other	
Business Designat	C - 21)				Г	Jovez	□ESB
МВЕ	□WBE		SBE		PBE		VET		DVET	
Minority Business Enterprise	Women-Owned Business Enterprise		Official Education			Veteran Owned Business		Disabled Veteran Dwned Business	Emerging Small Business	
Number of Cla	rk County N	evada	Residents	Er	nployed:			8		
Corporate/Business Entity Name: Las Vegas IT Consulting, LLC										
		_	anda Systems,	_						
(Include d.b.a., if a	pplicable)	-	West Cheyenne	_			Website: https://www	redpar	ndasystems.com	
Street Address:		-	egas, Nevada	_			POC Name: David Sh	ultis		
City, State and Zip	Code:	Las v	egas, Nevada	001	00				asystems.com	
		70255	32500				Fax No:			
Telephone No:		70200	32300	-						
Nevada Local Stre	et Address:						Website:			
(If different from al	oove)			_						
City, State and Zip	Code:	-					Local Fax No:			
Local Telephone N	0.						Local POC Name: Email:			
close corporations, fo	reign corporations, Full Name	Ilmitea II	авину сотране:	s, p	artherships, him	Title	ships, and professional		% Owne	
				4				50	orporations/Non-prof	it organizations)
Keith Andrew Humn				artn				25		
David Bradley Shult				Partner				25		
Susanne Daniela SI	nultis		Pa	artn	er					
Are any individence Center or Clark Yes	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?									
sister grandch	ild, grandparent, re yee(s), or appointe	elated to d/elected	a Clark County, official(s)?	Dep	artment of Avia	tion, Clark	mestic partner, child, pa County Detention Cente	31 O1 O10		half-brother/half- clamation District
Yes							rm on Page 2. If no, ple			
land-use approvals,	contract approvals,	iand sale	es, leases or exc	ed h han	erein is current, ges without the	, complete completed	and accurate, I also und disclosure form.	derstand	d that the Board will	not take action on
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Signature					FIRIT INGING					
Partner					10-15-2024					
Title					Date					

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			
"To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre	candidate's first and second n – Parents – In-laws (first de	gree)
For County Use Only:	lata tila stall	laia.a.	
	noted above, please complete the foll nployee(s) noted above involved in the		s particular agenda item?
	nployee(s) noted above involved in an		
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	ative		

	(Di 1- 1								
Business Entity Typ	pe (Please select				Non-Profit				
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other			
Business Designati	ion Group (Pleas	e select all that apply)						
Пмве	□wвE	SBE	PBE		□ VET	DVET	ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veter Owned Busine	, ,		
Number of Cla	rk County Ne	evada Residents	Employed:			1			
Corporate/Business Entity Name: RTS Premeir Solutions, LLC									
(Include d.b.a., if ap	plicable)								
Street Address:		3832 Seyfert Ave		W	/ebsite: rtspremiers	olutions.com			
City, State and Zip	Code:	North Las Vegas, Nevada 89084			OC Name: Donald Ra	*			
Telephone No:		(702) 203-5719		F	ax No:				
Nevada Local Stree	et Address:			W	/ebsite:				
(If different from ab	ove)								
City, State and Zip	Code:			L.	ocal Fax No:				
				L	Local POC Name:				
Local Telephone No	o:			E	mail:				
ownership or financial	interest. The disclo	sure requirement, as ap	oplied to land-use ap overned by Title 7 o	pplications, ex if the Nevada	nd Directors in lieu of contends to the applicant and Revised Statutes, including, and professional corp	ng but not limited to			
	Full Name			Title			% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Don	ald Ray Freema	n		President	nt 100%				
		ly-traded corporations.							
Are any individu Center or Clark	ial members, partne County Water Recl	ers, owners or principals lamation District full-time	, involved in the bus employee(s), or ap	siness entity, pointed/elect	a Clark County, Departme ed official(s)?	ent of Aviation, Clark	County Detention		
Yes	co	ntracts, or other contract	ts, which are not su	bject to comp					
sister, grandchil	d. grandparent, re	ers, owners or principals lated to a Clark County, l/elected official(s)?	have a spouse, reg Department of Avia	gistered dome ation, Clark C	estic partner, child, parent ounty Detention Center or	, in-law or brother/s r Clark County Wate	ister, half-brother/half- er Reclamation District		
Yes			e Disclosure of Rela	ationship form	n on Page 2. If no, please	print N/A on Page	2.)		
I certify under penalty land-use approvals, c	of perjury, that all ontract approvals, l	of the information provid land sales, leases or exc	ed herein is current changes without the	t, complete, a completed di	nd accurate. I also unders sclosure form.	stand that the Board	will not take action on		
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Signature			Print Name						
President Title			10/18/2024 Date	4					

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

Print Name

Authorized Department Representative

* County employee means Clark County, Department of the second degree of consanguinity" applit follows: Spouse – Registered Domestic Partners Brothers/Sisters – Half-Brothers/Half-Sisters For County Use Only: If any Disclosure of Relationship is noted above, please comments Yes No Is the County employee(s) noted above in Notes/Comments:	NTY* RELATIONSHIP TO FICIAL COUNTY* LE EMPLOYEE/OFFICIA	EMPLOYEE'S/OFFICIAL'S
* County employee means Clark County, Department of the second degree of consanguinity" applit follows: • Spouse – Registered Domestic Partners • Brothers/Sisters – Half-Brothers/Half-Sisters – Half-Brothers/Half-Siste	N/A	N/A
* County employee means Clark County, Department of Water Reclamation District. "Consanguinity" is a relationship by blood. "Affine "To the second degree of consanguinity" applit follows: • Spouse – Registered Domestic Partners: • Brothers/Sisters – Half-Brothers/Half-Sisters – Half-Brothers/Half-Br		
* County employee means Clark County, Department of Water Reclamation District. "Consanguinity" is a relationship by blood. "Affine "To the second degree of consanguinity" applit follows: • Spouse – Registered Domestic Partners: • Brothers/Sisters – Half-Brothers/Half-Sisters – Half-Brothers/Half-Br		
* County employee means Clark County, Department of Water Reclamation District. "Consanguinity" is a relationship by blood. "Affine "To the second degree of consanguinity" applit follows: • Spouse – Registered Domestic Partners: • Brothers/Sisters – Half-Brothers/Half-Sisters – Half-Brothers/Half-Br		
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* County employee means Clark County, Department of Water Reclamation District. "Consanguinity" is a relationship by blood. "Affine "To the second degree of consanguinity" applit follows: • Spouse – Registered Domestic Partners: • Brothers/Sisters – Half-Brothers/Half-Sisters – Half-Brothers/Half-B		
* County employee means Clark County, Department of Water Reclamation District. "Consanguinity" is a relationship by blood. "Affine "To the second degree of consanguinity" applit follows: • Spouse – Registered Domestic Partners: • Brothers/Sisters – Half-Brothers/Half-Sisters – Half-Brothers/Half-Br		
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If any Disclosure of Relationship is noted above, please com Yes No Is the County employee(s) noted above in Yes No Is the County employee(s) noted above in	es to the candidate's first and sec - Children - Parents - In-laws (firs	st degree)
	olved in the contracting/selection process f	

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Business Entity	Тур	(Please select	one)	1	_			-				
Sole Proprietorship	□P	artnership		Limited Liability mpany	1	Corporation	Trus	st	Non-Profit Organization		Other	
Business Design	natio	n Group (Pleas	e sel	ect all that apply)	_			_		1_		
✓ MBE		✓ WBE		SBE	_	PBE		_	VET		OVET	□ESB
Minority Business Enterprise		Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	1	abled Veteran ned Business	Emerging Small Business
Number of C	lar	k County Ne	evac	la Residents	Er	mployed:		Nii	ne (9) SHI employees	are ir	n Clark County N	levada.
Corporate/Busin	ess	Entity Name:	SHI	International Co	rp.							
(Include d.b.a., it	Fapr	licable)	Not	Applicable								
Street Address:			290	Davidson Avenu	ie			We	ebsite: https://www.shi	.com/		
City, State and Z	ip C	ode:	Sor	nerset, New Jers	ey (08873		En	Iun.		dar dar@SHI.com	
Telephone No:			888	-764 - 8888				Fa	x No: 888-764-8889			
Nevada Local St	reet	Address:	Sor	oma Station Ave	enue	e, (Home Offic	e)	We	ebsite: https://www.sh	i.com	1	
(If different from	abo	ve)		Varian NIV 9012	0				cal Fax No: 888-764-8	8889		
City, State and	Zip C	ode:	Las	Vegas, NV 8913	9						offlor@QUI com	
Local Telephone	No:		908	-421-4011					cal POC Name: Jonath nail: Jonath		offler@SHI.com	
Entition include di	ll bus	inoce accociation	e ora:	anized under or act	vern	ed by Title 7 of	the Neva	da F	ends to the applicant and Revised Statutes, includings, and professional corp	ng but	not limited to priva	ate corporations,
		Full Name					Title			Corp	% Owne Not required for Pul orations/Non-profi	olicly Traded
Thai Lee					_	dent and CEC				52%		
KoGuan Leo				C	Chairman of the Board				49%			
Held in trust					_					8%		
Are any indicenter or Cl Yes Do any indicenter graphs	vidua ark C vidual	members, partne ounty Water Recl No (If co members, partne grandparent, re	ers, over, pers, overs,	on District full-time blease note that Co s, or other contracts wners or principals to a Clark County,	invo emp unty s, w	olved in the busi ployee(s), or app remployee(s), o hich are not sub	iness entitioninted/eli or appointed elipect to co	ty, a ecte ed/e mpe	Clark County, Departme d official(s)? lected official(s) may not	nt of A perfor	m any work on pro	fessional service
full-time emp	oloye	e(s), or appointed	l/elect	ed official(s)?					on Page 2. If no, please			
I certify under pen land-use approval	alty o	of perjury, that all ntract approvals, l	of the land s	information provide ales, leases or excl	ed h	erein is current, ges without the o	complete	e, an d dis	d accurate. I also unders closure form.	tand th	nat the Board will n	ot take action on
Moitrayee Ma	jum	dar Digitally signed Date: 2024.10.	I by Moit 18 11:43	rayee Majumdar 9:39 -07'00'		Moitrayee Ma	ajumdar					
Conier Dranan-I	Sno	rialist				10/18/2024						
Senior Proposal	Spe	Jialiol	_			Date						

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

Print Name Authorized Department Representative

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
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners Childre lalf-Brothers/Half-Sisters Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first dec	degree of blood relatives as gree)
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Signature			

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Sole Proprietorship		Partnership		Limited Liability	~	Corporation	Trus	st	Non-Profit Organization		Other	
	ianati	on Group /Pleas	•	ect all that apply	,							
MBE	gnat	□wbe	301	∏SBE		ПРВЕ			□vet		OVET	□ESB
				Small Business		Physically Cha	allenged		Veteran Owned	Dis	abled Veteran	Emerging Small
Minority Busine Enterprise	988	Women-Owned Business Enterprise		Enterprise		Business Ente			Business		ned Business	Business
					_							
Number of	Cla	rk County N	evac	da Residents	E	mployed:				wo (2)	
Corporate/Bus	inos	Entity Name	Tabo	orda Solutions, Ir	nc.							
(Include d.b.a.												
		plicable	9580) Oak Ave Pkwy,	St	e 7-180		We	bsite:www.tabordaen	s.com	1	
Street Address	s		_	om, CA 95630					Mia Omega			
City, State and	d Zip	Code:						-	ail: mia.omega@	tabor	daens.com	
			916-	990-9864					k No:			
Telephone No	:		0.0				-	-				
Nevada Local	Stree	t Address:	n/a					We	ebsite:			
(If different fro	om ab	ove)	-									
City, State an	d Zip	Code:	-						cal Fax No:			
Local Telepho	no M	· ·	Local PO				cal POC Name:					
Local Telepho	ALC: IN							Em	nail:	-		
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Fulcrum Techno	oloav	Group US, LLC								(Not required for Publicly Traded Corporations/Non-profit organizations 100		
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sister ora	ndchi		ers, ov	wners or principals to a Clark County,	la au		intered do	mac	stic partner, child, parent unty Detention Center o	, in-lav Clark	v or brother/sister, County Water Re	half-brother/half- clamation District
Yes	,,,ibio)				e D	isclosure of Rela	tionship fo	orm o	on Page 2. If no, please	print N	N/A on Page 2.)	
l wife under a	enalty vals, c	of perjury, that all ontract approvals,	of the land s	information providales, leases or exc	ed l	herein is current, nges without the o	complete, completed	, and	d accurate. I also unders closure form.	tand ti	nat the Board will r	not take action on
Yuliya Kriku	nova	Digitally signer Date: 2024.10	d by Yuli .21 11:25	ya Krikunova 5:56 -07'00'		Yuliya Krikund	ova					
Signature						Print Name						
VP, Finance						10/21/2024						
Title						Date						

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

Authorized Department Representative

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
 Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: Spouse – Registere 	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
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Signature			
Print Name			

Business Enti	у Ту	e (Please selec	t one)			1				
Sole Proprietorship		Partnership		imited Liability	Corporation	Tru	st Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	se sele	ect all that apply)					
МВE		□WBE		SBE	□PBE		VET		DVET	ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise	i	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of	Cla	rk County N	evad	a Residents	Employed:			0		
Corporate/Bus	ines	Entity Name:	Fulcr	rum Technology	Group (US), LLC					
(Include d.b.a.										
Street Address			161	Bay Street, Unit	1310		Website:			
City, State and		Code:	Toro	nto, Ontario, Ca	nada, M5J 2S1		POC Name: Kirubel Y		fularumita aom	
0.0,, 0.11.0			-				Linaii	layew@i	fulcrumitp.com	
Telephone No:			-				Fax No:	===	==	
Nevada Local							Website:			
City, State and	7.5-5						Local Fax No:			
,							Local POC Name:			
Local Telepho	ne No):					Email:			
Entities include	ali bu	siness association	is orga	nized under or gov	verned by Title 7 of	the Neva	extends to the applicant da Revised Statutes, inclessing the same professional of the same and professional of the same are same as the same are	luding but corporation	not limited to priva	d
Continental Trus	t Cor	poration Limited	l as tru	ustee of N Ov	Owner of Fulcrum Technology Holdings Ltd. (B\				oorations/Non-profi	
James Alexande					Sole Beneficiary of MN Trust			N/A		
Colin Gerard Ha	mes			Tri	ustee, Majority Sł	narehold	er of Continental Tru	N/A		
1. Are any ind Center or C	dividua Clark (al members, partne County Water Reci No (If	ers, ow lamatio yes, pl ntracts	ners or principals, on District full-time ease note that Cot , or other contracts	employee(s), or appunty employee(s), o	iness entit pointed/ele or appointe ject to cor	y, a Clark County, Depart acted official(s)? ad/elected official(s) may impetitive bid.)	ment of A	m any work on prof	ressional service
sister, grar	idchild	i, grandparent, re e(s), or appointed	lated to /electe	o a Clark County, f d official(s)?	Department of Aviat	tion, Clark	County Detention Cente	r or Clark	County Water Rec	lamation District
Yes	_				_		rm on Page 2. If no, plea			
I certify under per land-use approve	als, co —Sign	entract approvals, I	of the i land sa	nformation provide les, leases or exch	ed herein is current, nanges without the c	complete, completed	, and accurate. I also und disclosure form.	erstand th	nat the Board will no	ot take action on
	Jole	ne Daly			Jolene Daly					
Signature	—4D5	B72FCE9D046C			Print Name 4/21/2025	5				
CFO, EVP, and	Secr	etary								
Title					Date					

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

Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
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Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a resonsanguinity" applies to the d Domestic Partners – Childrenalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as gree)
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Signature Print Name	s		

Business Entit	у Тур	e (Please selec	t one)						12	
Sole Proprietorship		Partnership		Limited Liability mpany	Corporation	Trust	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	se sel	ect all that apply)			-		
✓MBE		□WBE		☑ SBE	□PBE		☐ VET		DVET	 ✓ ESB
Minority Busines Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business	- 1	abled Veteran med Business	Emerging Small Business
Number of	Claı	rk County N	evac	la Residents	Employed:			5		
Corporate/Bus	inoco	Entitu Namo:	ZEE-	-FOR LLC						
(Include d.b.a.,		42								
Street Address	-	pilcable)	3612	RUBIO SUN AVE		w	/ebsite: www. zee-for. o	com		
Street Address			NORT	TH LAS VEGAS, N	V 89081		OC Name: Azefor Bes		ah	
City, State and	Zip C	Code:					mail: victor@zee			
Telephone No:			7024	154093			ax No:			
		Address					/ebsite:			
Nevada Local S						"	reporte.			
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Local Telephor	ne No	:					Email:			
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Authorized Department Representative

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
N/A	N/A	N/A	N/A
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.

"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
Azefor Besonasah
Print Name

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