

Business Entity Type						
<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 N/A (Non Applicable)						
<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: 80						
Corporate/Business Entity Name: Harber Company, Inc.						
(Include d.b.a., if applicable) Mountain Cascade of Nevada						
Street Address: 555 Exchange Court			Website: www.mountaincascade.com			
City, State and Zip Code: Livermore, California, 94550			POC Name: David Hicks Email: estimating@mountaincascade.com			
Telephone No: 925-373-8370			Fax No: 925-373-0179			
Nevada Local Street Address: (If different from above) 3764 Civic Center Drive			Website: www.mountaincascadeofnevada.com			
City, State and Zip Code: North Las Vegas, Nevada 89030			Local Fax No: 702-736-8958			
Local Telephone No: 702-736-8802			Local POC Name: Andrew "Andy" McCulloch Email: amcculloch@mountaincascade.com			

List of Owners/Officers:

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 transactions, 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 <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
Michael Duke Fuller	President	58.81
Schelly R Frades	Secretary/Treasurer	17.44
Diana Fuller	CFO	6.94
Michael D Fuller II	Shareholder	6.94

This section is not required for publicly-traded corporations.

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, 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.)

20102 – LAUGHLIN LIFT STATION NO. 2 FORCE MAIN
REHABILITATION

BID SUBMITTAL

DISCLOSURE OF
OWNERSHIP/PRINCIPALS

00 45 45 - 4

Master Rev. 8/29/2018

CCWRD PROJECT NO. 20102 LAUGHLIN LIFT STATION NO. 2 FORCE MAIN REHABILITATION


**DISCLOSURE OF OWNERSHIP/PRINCIPALS
(CONTINUED)**

Full Name	Title	% Owned
Desiree Arslanian	Shareholder	6.94
Dominic Frades	Shareholder	2.93

2. 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, 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 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
Vice President
Title

Andrew "Andy" McCulloch

Print Name

Date

11/13/25

List any disclosures of relationships 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/OFFICIAL'S DEPARTMENT
N/A (Non Applicable)	N/A (Non Applicable)	N/A (Non Applicable)	N/A (Non Applicable)

* 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 Disclosures of Relationship is noted above, please complete the following:

20102 – LAUGHLIN LIFT STATION NO. 2 FORCE MAIN
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- ☐ 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

END OF DOCUMENT