DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DISCLOSE	IKE	OF OVEN	EKOII	IP/PRINCIPAL				
Rusiness Entit	y Type (Please selec	t one)								
Sole Proprietorship	Partnership	Limited Liability	' E	Corporation	Trust	Non-Profit Organization		Other		
Business Desig	nation Group (Plea	se select all that app	oly)						T	
Пмве	□wBE	□SBE		□PBE		□ VET		DVET	ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small Busine Enterprise	SS	Physically Challenged Business Enterprise		Veteran Owned Business			Emerging Small Business	
Number of	Clark County N	evada Residen	ts E	mployed:			48			
Corporate/Busi	ness Entity Name:	Maile, Inc.								
		Maile Concrete								
(Include d.b.a., if applicable)		5031 Sobb Ave.				Website:				
Street Address: City, State and Zip Code:		Las Vegas, NV 89118			1	POC Name: Marvin Maile Email: marvin@maileconcrete.com				
		702-871-4050				Fax No: 702-871-0085				
Telephone No:		702-071-4000			7					
Nevada Local S	treet Address:		Website:							
(If different from	n above)					Local Fax No:				
City, State and	Zip Code:					Local POC Name:				
Local Telephon	e No:				1.	Email:				
Entitles include all business associations organized under or close corporations, foreign corporations, limited liability comparations are comparations. Full Name			Title President				(N	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Marvin Maile			riesi	Oen			_			
									diposition and the	
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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)? 1. 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.) 										
	المثنية	of the information prov	ided h	erein is current o	complete, a	nd accurate. I also under			ot take action on	
President	(*)			4/15/2025 Date						
Title				1					DELUCED 7/75/2014	

DISCLOSURE OF RELATIONSHIP

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
'To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a releconsanguinity" applies to the did Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de	gree)
Yes No Is the County em	noted above, please complete the follo ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	particular agenda item? se of the contract?
Signature			