# Docusign Envelope ID: 5A73A788-D461-464A-A5D0-0300263A2584 DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Ent	ity Type (Please se	i	1	1	T	-		
Sole Proprietorship	□Partnership	Limited Liability Company	Corporation	☐ Trust	Non-Profit Organization		Other	
Business Des	ignation Group (Pl	ease select all that ap	ply)					333
MBE	☐ WBE	☐ SBE	☐ PBE		□ VET		VET	☐ ESB
Minority Busine Enterprise	ess Women-Own Business Enterprise	Small Busines Enterprise	Physically Ch Business Ent		Veteran Owned Business	_	bled Veteran ed Business	Emerging Small Business
Number of	Clark County	Nevada Resider	nts Employed:	2				7/2/
Corporate/Bu	siness Entity Name	: Amplify Systems	s Integration Llc.					
(Include d.b.a	., if applicable)			ī				
Street Addres	s:	2004 S 800 E, 1	st FL	42 - V - William	ebsite: www.amplif		)	
					C Name: Ryan Nel			
City, State and	d Zip Code:	Salt Lake City, U	JT 84105	Er	nail: ryan@amplify	si.com	an control the control of the contro	- Company - Comp
Telephone No	•	801-694-1666		Fa	x No: N/A	in the second	<u>&amp;</u>	
Nevada Local	Street Address:	6445 W Sunset	Rd, Suite 112	W	ebsite: www.amplify	ysi.com		
(If different fro		Las Vasas NV/	20119		cal Fax No: N/A		- 10 May	
City, State an	d Zip Code:	Las Vegas, NV 8	)9110	1		n Nolec	10	
Local Telepho	ne No:			1	cal POC Name: Ryai nail: rvan@amolifysi		111	
close corporatio	ns, foreign corporation	ons organized under or g is, limited liability compa	nies, partnerships, liπ	nited partners Title	hips, and professional c	огроганс	ons. % Owned t required for Pub	<b>i</b> _
	T dil Mallio					Corpor	ations/Non-profit	organizations)
Ryan Nelson			Principal, Public					
Greg Bishop			Principal, Preside	ent		50%		
					rporation?	os K	1. No	
This section is	not required for pub	licly-traded corporation tners, owners or principa	ns. Are you a public	ny-traded co	<i>,</i>	_	_	unty Detention
<ol> <li>Are any information</li> <li>Center or features</li> </ol>	Clark County Water Re	eclamation District full-tin	ne employee(s), or ap	ppointearelect	ed official(s)?			
☐ Yes	,	(If yes, please note that service contracts, or othe	er contracts, which are	e not subject	to competitive pig.)			
sister, gran	ndchild, grandparent, r mployee(s), or appoint		Department of Aviation	on, Clark Coc	inly Determion Center or	DIGIT OF	any water wood	alf-brother/half- amation District
☐ Yes	⊠ No	(If yes, please complete	the Disclosure of Reia	ationship form	on Page 2. If no, plea	se print h	I/A on Page 2.)	A THE
I certify under pe on land-use app	enalty of perjury, that a rovals, contract appro-	ill of the information prov vals, land sales, leases o	ided herein is current or exchanges without	, complete, a the complete	nd accurate. I also unde d disclosure form.	erstand th	nat the Board will	not take action
Signed by:			Ryan Nelsor	n				
-Sigharure			Print Name	- XXXIII ( 1990) - 10				
Principal, Pub	dia Sector		03/17/2025					
Title		de tames manual (1969 1669 and 1969 and 1960 and 1960 and 1960 and 1960 and	Date			***************************************		
The same of the sa			Water State of the		-			

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 cor • Spouse – Registered	ship by blood. "Affinity" is a rensanguinity" applies to the cand Domestic Partners — Childre	didate's first and second degr n – Parents – In-laws (first de	
For County Use Only:			
	noted above, please complete the fol		
	ployee(s) noted above involved in the		
☐ Yes ☐ No Is the County em	ployee(s) noted above involved in an	y way with the business in performar	nce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ntive		

2 REVISED 7/25/2014

Business Entity T	ype (Please sele	ct one)	1					
Sole Proprietorship	]Partnership	Limited Liability Company	Corporation	☐ Trust	☐ Non-Profit Organization	Other		
Business Designa	tion Group (Plea	se select all that app	ly) NA					
☐ MBE	WBE	☐ SBE	☐ PBE		□ VET	DVET	□ E\$B	
Minority Business Enterprise	Women-Owner Business Enterprise	Small Business Enterprise	s Physically Cl Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Smal Business	
Number of CI	ark County N	levada Residen	ts Employed:	NA	v w miote			
Corporate/Busine	ss Entity Name:	Bahwan CyberTek	Inc					
(Include d.b.a., if a	applicable)		- January					
Street Address:		2755 Great Americ	ca Way, Suite 10			w.bahwancybertek.co	MD	
City, State and Zip	Code:	Santa Clara CA 9	5054	1	OC Name: Abhin De	esai sai@bahwancybertek	com	
Talanda and Alar	***************************************	408-330-0700		F	ax No:			
Telephone No:				VA.	/ebsite:			
Nevada Local Stre		NA						
(If different from a		V	An individual de l'assesse de reference de la complete plane de la complete de la	L	ocal Fax No:			
City, State and Zi	p Code:		300000	L	ocal POC Name:			
Local Telephone l	No;				Email:			
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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
NA	NA	NA	NA
177			
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Spouse – Registered	nsanguinity" applies to the can d Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	n – Parents – In-laws (first de	
For County Use Only:			
	noted above, please complete the foll		
☐ Yes ☐ No Is the County em	ployee(s) noted above involved in the	e contracting/selection process for thi	s particular agenda item?
☐ Yes ☐ No Is the County em	ployee(s) noted above involved in an	y way with the business in performar	ice of the contract?
Notes/Comments:			
8	, i		
Signature			
Print Name Authorized Department Representa	tive		

Business Entity	Type (Please sele	ct one)		T	n	7277 777	······································
☐ Sole Proprietorship	□Partnership	Limited Liability Company	☐ Corporation	☐ Trust	☐ Non-Profit Organization	Other	And the second s
Business Desig	nation Group (Plea	se select all that app	oly) NA				1
□ MBE	□WBE	☐ SBE	☐ PBE		□ VET	DVET	☐ ESB
Minority Business Enterprise	Women-Owne Business Enterprise	d Small Business Enterprise	s Physically Cl Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Sma Business
Number of C	Clark County I	Nevada Residen	ts Employed:	NA	, part 1 at 1	- AND ALLES	
Corporate/Busir	ness Entity Name:	Bahwan Cyber	rTek Private L	.TD		and the second s	.2
Include d.b.a., i	f applicable)	NA STATE OF THE ST			7.10		
Street Address:		148 Rajiv Gandhi	Salai, Okkiyam	W	ebsite: www.bahv	wancybertek.com	
		Thoraipakkam		P	oc Name: Abhin D	esai	
City, State and 2	Zip Code:	Chennai, Madi	ras 600 097	E	<sub>mail:</sub> abhin.desa	ai@bahwancybert	ek.com
T. I N		(91) 44 4344 9		Fa	ax No:		
Telephone No:				10/	ebsite:		
Nevada Local Si		NA		1 "	epsite.		
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City, State and	Zip Code:				ocal POC Name:		
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RELATIONSHIP TO

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
NA	NA	NA	NA
			A-100-100-100-100-100-100-100-100-100-10
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For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the fo	ollowing:	
Yes No Is the County em	iployee(s) noted above involved in th	ne contracting/selection process for th	is particular agenda item?
☐ Yes ☐ No Is the County em	ployee(s) noted above involved in a	ny way with the business in performa	nce of the contract?
Notes/Comments:			
Signature			

COUNTY\*

Business Entit	у Туре	(Please selec	ct one)							Ti .	
Sole Proprietorship	Pa	ırtnership	✓ Lim Compa	ited Liability iny	Corpora	ition	Trust	Non-Profit Organization		Other	
lusiness Desi	gnation	Group (Pleas	se select	all that apply	)						
<b>Т</b> МВЕ		WBE		SBE	PBE			VET		DVET	ESB
Minority Busines Enterprise	E	Nomen-Owned Business Enterprise		mall Business hterprise	Physica Busines		allenged erprise	Veteran Owned Business		abled Veteran med Business	Emerging Smal Business
lumber of	Clark	County N	levada	Residents	Employe	ed:			200+		
Corporate/Bus	iness E	Intity Name:	CDW G	Sovernment L	.LC						
Include d.b.a.,											
Street Address			230 N.	Milwaukee A	ve		V	lebsite: www.cdwg.c	om		
City, State and		ode:	Vernor	Hills, IL 600	61		E	OC Name: Kim Aless mail: kim.aless	andro@	cdw.com	
T. L bono No.			800.80	8.4239			F	ax No: 847.968.0962	2		
Telephone No: Nevada Local (		Address:	201 E	Alexander Ro	i.		v	Vebsite: www.cdwg.c	com		
(If different fro	m abov	re)						847 96	8 0962		
City, State and	d Zip C	ode:	North L	.as Vegas, N	V 89030			Local Fax No: 847.968.0962  Local POC Name: Michael Schlossberg			
Local Telepho			800.80	0.4239			1			cdwg.com	
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# 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
147.			
Water Reclamation District.			ention Center or Clark County
"Consanguinity" is a relation	nship by blood. "Affinity" is a re	elationship by marriage.	
			degree of blood relatives as

- 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 Date: 2024.10.17 12:12:16 -04'00'
Signature
Dario Bertocchi
Print Name Authorized Department Representative

<sup>&</sup>quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

# **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	Profit or Nor Profit	
OVERNMENT LLC					
nited Liability Company - Organized 1	2/31/2009, Manager Managed (a wholly owned subsidiary of CDW LLC)	CIX # 9001498446		Service Const	
Address: 210 N. Milwaukee Avenue, V	ernon Hilfs, IL 60061	DUNS # 02-615-1235	NAIGS #454110 UEW PHZDZESJSCM	1	
230110	IL Tile No 02809235 BOARD OF M				
	BOARD OF M	ANAGERS			
Christine A. Leaby					
Christina M. Corley					
Robert F. Kirby		D OFFICE DE			
	BOARD ELECTE	DOFFICERS			
Robert F. Kirby	President				
Christina M. Corley	Chief Commercial and Operating Officer				
Ekzabeth H. Connelly	Senior Vice President - Vertical Markets				
Alpert J. Mralles	Senior Vice President and Chi. (Financial Officer				
Poter R. Locy	Vice President, Controller and Chief Accounting Officer				
Kevin W. White	Vice President, Treasurer and Assistant Secretary				
Frederick J. Kulevích	Secretary				
Temothy F. Chmielewski	Assistant Treasurer				
Hilary R. Malina	Assistant Secretary				
Ans G. Mayberry	Assistant Secretary				
Shannor A, Toolis	Assistant Secretary				
S SIFICITY, FOUND	APPOINTED	OFFICERS			
	Vice President			_	
Tara K. Barbieri	Vice President				
Dario Bertocchi Bergamin A. Bourbon	Vice President			_	
Kyle J. Caron	Assistant Treasurer				
Marcos Christodonte II	Vice President - CISO				
Michael T. Grisamore	Vice President				
	Vice President				
Randy C. Harris David C. Hutchins	Vice President				
Jonathan Kad	Vice President				
Jason Parry	Vice President				
Imran Salim	Vice President				
	Vice President				
Joseph K. Simone Rebocca Wagner	Vice President				

Bueinass Entity	Type (Please sele	ct one)		Commence of the State of the St	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			~~	
□ Solo		Limited	T_00			□ Non-	Profit	C Other	
Proprietorship	Partnership	Liability Company	一团	Corporation	Trust	Organiz	at <u>ion</u>	T Other	74. V A.
Business Design	ation Group (Plea	se select all that appl	y)			7			100
☐ MBE	☐ WBE	☐ SBE	_	☐ PBE	e	☐ VET		DVET	ESB
Minority Business Enterprise	Women-Owner Business Enterprise	Small Business Enterprise		Physically Ch Business Ente		Veteran ( Business		Disabled Veteran Dwned Business	Emerging Small Business
								AND THE RESERVE	The state of the s
Number of C	lark County N	levada Resident	ls E	mployed:	18	*//************************************	Annual Street Control of the Street Control	و من المستعمر المستعر المستعمر المستعمر المستعمر المستعمر المستعمر المستعمر المستعمر	e controllable and the second of the second
Corporate/Busine	see Entity Name	DynTek Service	es, I	nc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Include d.b.a., if	-	Arctiq		and the same of th	A	V			
Street Address:	аррисавіе	5241 California	Ave	e, #150	V	Vebsite: 8	rctiq.com		
City, State and Zi	p Code:	Irvine, CA 926.	17	<b>39</b> , 10 (10 a)	F	OC Name:	Hunter Cari		
Telephone No:		949-271-6700			F		49-271-6794		
	not Address:	n to the second of the second		i paradinana	v	Vebsite:	arctiq.com	Amount of the second se	
Nevada Local Str		7140 Dean Mart	tin I	Drive, Suite					
City. State and Z		Las Vegas, NV	891	18	L	ocal Fax No	-		
City, State and 2	ip occe.			W. P. Marie	L	ocal POC N	ame: Hunter	Carreira	
Local Telephone	No:	701-777-2690				mail:	hunter.	.carreira@arctic	ą.com
financial interest in the Publicly-traded encownership or financial	he business entity a tities and non-pro- al interest. The discl	y-traded and non-profit of ppearing before the Boar fit organizations shall osure requirement, as an sorganized under or gov limited liability companie	ird. list a pplied	all Corporate ( I to land-use ap	Officers a pplications,	nd Directors extends to the Revised State	in fieu of disclose applicant and that	sing the names of i ne landowner(s).	ndividuals with
	Full Name				Title			% Owned Not required for Pub porations/Non-profit	licly Traded
DynTek, Inc.		р	arei	nt			1	00%	
Dynrek, me.					THE RESERVE	***			
V ////////////////////////////////////	· · · · · · · · · · · · · · · · · · ·								
	28 Same 2 7 7 8 0								
This section is not	required for public	ly-traded corporations.	, Are	you a publici	y-traded c	orporation?	☐ Yes	⊠ No	
4 Are any individ	dual members, partn k County Water Rec	ers, owners or principals lamation District full-time	s, Invo	lved in the bus loyee(s), or ap	iness entity pointed/ele	/, a Clark Cou cted official(s)	•		
☐ Yes	se	yes, please note that C rvice contracts, or other	contr	acts, which are	not subjec	to competitive	/e bid.)		
sister, grandch	nild, grandparent, rela syee(s), or appointed		)epart	ment of Aviatio	n, Clark Ct	onny Deterino	II Celica of Clark	County Francis House	art-brother/half- amation District
☐ Yes	☑ No (If	yes, please complete the	e Dis	closure of Rela	tionship for	rm on Page 2.	If no, please pri	nt N/A on Page 2.)	
I certify under penals on land-use approva	ty of perjury, that all ils, contract approva	of the information provide is, land sales, leases or e	led he excha	rein is current, anges without ti	complete, ne complet	and accurate, ed disclosure	I also understand form.	d that the Board will	not take action
Kevin O'Ha	re			Kevin O'H	are				
Kevin O'Hare (Mar 26, 202 Signature	5.12-24 PDT)			Print Name					
CFO			(	03/26/2025	5				
Title			250,000	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			
			(A) (A)
	11 mm 2 m		The state of the s
	W. W.		
A CONTRACTOR OF THE CONTRACTOR			
11. H H		*	
	nsanguinity" applies to the car d Domestic Partners – Childre		
	la <b>lf</b> -Brothers/Half-Sisters – Gr		
For County Use Only:			
any Disclosure of Relationship is	noted above, please complete the fo	llowing:	his particular agenda item?
Yes No Is the County en	nployee(s) noted above involved in th	e contracting/selection process for the	ance of the contract?
	nployee(s) noted above involved in ar	ly way with the business in personal	
Notes/Comments:			
20 march and			
Signature			
Print Name Authorized Department Represent	ative		

	1 = 100 Ne.				111-			
	Type (Please selec				. ☐ Non-Profit	Υ.	I	***************************************
Sole Proprietorship	☐Partnership	Limited Liability Company	☐ Corporation ☐ Tru		t Organization	······································	Other	
Business Desig	nation Group (Plea	se select all that appl	у)		gas ming the common control of the c			1
☐ MBE	Minority Business Women-Owned Small Business Pl		□ PBE		□ VET		DVET	☐ ESB
			Physically C Business Er		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
						£		
Number of (	Clark County N	evada Resident	s Employed	: 18				
Humber of	Julia Gourney 1			VW7// 9/7/				
Compressor / Purei	noon Entire Name:	DynTek, Inc.	4.00,000		4 3			
	ness Entity Name:		····					
(include d.b.a.,		5241 California	Ave, #150		Website: arctic	.com		
Street Address:			**************************************			ter Carre	ira	
City, State and	Zip Code:	Irvine, CA 926	17			rarreira@:	arctig.com	
		949-271-6700				71-6794	21 0114100111	
Telephone No:				(386	de Chalenda Company Comment		COMPANIE A TO	
Nevada Local S	treet Address:	7140 Dean Mart	in Drive. Suit		Website: arctic	q.com		
(If different from	above)	Las Vegas, NV						,
City, State and	Zip Code:	Las vegas, ivv	07110		_ocal Fax No:	Hunter C	Carreira	en
Local Telephon	e No:	701-777-2690			_ocal POC Name: Email:		arreira@arcti	q.com
Publicly-traded e	entities and non-prof	pearing before the Boar it organizations shall osure requirement, as ar s organized under or gov limited fiability companie	list all Corporate	applications f the Nevada	, extends to the appli a Revised Statutes, in	ncluding but r	not limited to priva	
	Full Name		Title			% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Arctiq, Inc.		Р	'arent			10	0%	
	ial owns 5% or m	ore ownership as	our company	is a priva	ate equity backe	d compar	ıy.	
1VO IIIGIVICIO	141 0 1110 3 70 02 11		1			-		
				***************************************				
			a constant	alu tradad d	ornoration?	☐ Yes	No No	
This section is no	ot required for public	ly-traded corporations. ers, owners or principals	involved in the bu	usiness entit	v. a Clark County, De		_	ounty Detention
Are any indiv Center or Ch	ark County Water Recl	amation District full-time	employee(s), or a	ippointed/ele	scled dilicial(s)?			
☐ Yes	\$e	yes, please note that C rvice contracts, or other	contracts, which a	re not subje	ct to competitive bid.	)		
sister, grand	dual members, partne child, grandparent, rela doyee(s), or appointed	rs, owners or principals h sted to a Clark County. D /elected official(s)?	ave a spouse, regi epartment of Aviat	istered dome tion, Clark C	estic partner, child, pa ounty Detention Cent	arent, in-law o ter or Clark C	or brother/sister, h county Water Reck	elf-brother/half- amation District
☐ Yes	☑ No (If	yes, please complete the	e Disclosure of Re	lationship fo	rm on Page 2. If no,	please print	N/A on Page 2.)	
I certify under pendon land-use appro-	alty of perjury, that all evals, contract approval	of the information provide s, land sales, leases or e	ed herein is curren exchanges without	it, complete, the comple	and accurate, I also ted disclosure form.	understand t	that the Board will	not take action
Kevin O'H	aro.		Kevin O'I	Hare				
Kerin O'Hase (Mar 26, 2)	25.12-26 PDT)		Print Name	1410	112			
Signature				25				
CFO			03/26/20 Date	25				
Title			2010				- W.W.W.	III COMMON CONTROL OF THE

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

Print Name Authorized Department Representative

N/A			
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11			
	disease.		
			<u></u>
consanguinity" is a relations to the second degree of cor	ship by blood. "Affinity" is a rensanguinity" applies to the can	elationship by marriage. Ididate's first and second deg	ree of blood relatives as follow
	d Domestic Partners – Childre		
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gr	andchildren – Grandparents	– In-laws (second degree)
or County Use Only:	1. A. U Fa	lleuring:	
any Disclosure of Relationship is	noted above, please complete the fol nployee(s) noted above involved in the	e contracting/selection process for t	his particular agenda item?
Yes No Is the County em	nployee(s) noted above involved in ar	ny way with the business in performa	ance of the contract?
otes/Comments:	proyotte		
usum a militariti			

Business Entity Ty	ino iPlanco coloct	onal	***************************************						eracros co	
□ Sole	Partnership	Limited Liability Company		ation	Trus	l Non-Profi Organization	-	Other		
Business Designa	tion Group (Pleas	e select all that appl	y)							
☐ MBE	☐ WBE	☐ SBE	☐ PBI	Ē		□ VET		DVET	☐ ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise			nallenged terprise	Veteran Owne Business		sabled Veteran wned Business	Emerging Small Business	
Number of Cla	rk County Ne	evada Resident	s Employ	yed:	18			generative statements		
Corporate/Busines	s Entity Name:	Arctig, Inc.	Keer							
(Include d.b.a., if a	pplicable)							ohe.		
Street Address:		5241 California	Ave, #150	)	<u> </u>	Website: arcti	iq.com			
City, State and Zip	Code:	Irvine, CA 926	17			roo Name.	nter Carr .carreira@	eira Parctiq.com		
Telephone No:		949-271-6700				Fax No: 949-	271-6794			
Nevada Local Stree	et Address:					Website: arct	iq.com			
(If different from ab	oove)	7140 Dean Mart	in Drive,	Suite	e 1100					
City, State and Zip		Las Vegas, NV	89118			_ocal Fax No:		ALEXANDER OF THE PROPERTY OF T		
Local Telephone N	o:	701-777-2690			***	Local POC Name: Hunter Carreira hunter.carreira@arctiq.com				
■ 1999   1 to 1 de all less	-:intiana	sure requirement, as ap organized under or gov mited liability companie	emed by Titl	e 7 of 1	the Nevada	Revised Statutes.	including but	not limited to priva	te corporations,	
	Full Name				Title			% Owner lot required for Put orations/Non-profil	olicly Traded	
Gallant Ca	pital Partners				Paren	t			71.5%	
	1	ns 5% or more ow	vnership a	as ou	r compa	ny is a private	equity bac	cked company	<u> </u>	
		2	-							
This section is not re	equired for publicly	r-traded corporations.	Are you a	public	ly-traded	corporation?	Yes	☑ <b>No</b> f Aviation, Clark Co	ounty Detention	
<ol> <li>Are any individu Center or Clark</li> </ol>	County Water Recla	s, owners or principals, mation District full-time	employee(s)	), or ap	ротпесиен	scied official(s):				
☐ Yes	sen	res, please note that C vice contracts, or other	contracts, wh	nich are	e not subje	ct to competitive bid	2.)			
sister grandchild	il members, partners d, grandparent, relat ee(s), or appointed/e	i, owners or principals h ed to a Clark County, D alected official(s)?	ave a spouse epartment of	e, regis Aviatio	stered dom on, Clark C	estic partner, child, j ounty Detention Ce	parent, in-law nter or Clark I	or brother/sister, h County Water Reci	alf-brother/half- amation District	
☐ Yes	☑ No (If y	es, please complete the	e Disclosure	of Rela	ationship fo	rm on Page 2. If no	o, please prin	t N/A on Page 2.)		
I certify under penalty on land-use approvals	of perjury, that all of , contract approvals	the information provide , land sales, leases or e	ed herein is o exchanges w	current,	, complete, the comple	and accurate, I also ted disclosure form.	o understand	that the Board will	not take action	
Kevin O'Har	-P.		Kevir	1 O'H	Iare					
Keyin O'Hare (Mar 24, 2025) Signature	Locanti		Print Na							
_			03/28	3/202	25					
CFO Title			Date	02						
			A							

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			
And the last of th		4	
	***************************************	1	
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		3	
		11	- AMM
The state of the s			
Spouse – Registere	d Domestic Partners – Childro	en – Parents – In-laws (first d	ree of blood relatives as follows: egree) - In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the fo	ollowing:	sio particular agenda item?
☐ Yes ☐ No Is the County en	nployee(s) noted above involved in th	ne contracting/selection process for to	ince of the contract?
	nployee(s) noted above involved in a	ny way with the pushioss in performs	
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	tative		

Business Entity 1	Type (Please sele	ct one)	-						
□ Sole Proprietorship	Partnership	Limited Liability Company	A	Corporation	☐ Trus	t Non-Profi Organization		☐ Other	
Business Design	ation Group (Plea	se select all that app	oly)						T
☐ MBE	☐ WBE	SBE	_	☐ PBE		□ VET		DVET	ESB
Minority Business Enterprise	Women-Owner Business Enterprise	Small Business Enterprise		Physically Ch Business Ent		Veteran Owne Business	d	Disabled Veteran Owned Business	Emerging Sma Business
Number of C	lark County N	levada Residen	ts Eı	mployed:	18				
Corporate/Busine	ess Entity Name:	Gallant Capita	l Par	tners				***	
(Include d.b.a., if	applicable)		4.1	2 0 1	1.450	11		.1	
Street Address:		1800 Avenue o	t the	Stars, Suite	e 1450	rrepaile.	ntcapit		
City, State and Zi	p Code:	Los Angeles, C	A 90	0067		email: kevin		@arctiq.com	
Telephone No:		973-896-2421	الافراد سده			Fax No: 949-	271-679	94	
Nevada Local Str		7140 Dean Ma	rtin l	Drive, Suite		<b>Website</b> : arct	iq.com		
City, State and Zi		Las Vegas, NV	7 891	118		Local Fax No:			
Local Telephone		701-777-2690	)			Local POC Name		er Carreira er.carreira@arcti	q.com
All entities, with the financial interest in the Publicly-traded encownership or financial	e exception of public the business entity a tities and non-pro al interest. The disc	ly-traded and non-profit ppearing before the Bo- fit organizations shall losure requirement, as a no organized under or go, limited liability compan	organi ard. I list a applied	all Corporate d to land-use a	Officers a	and Directors in li s, extends to the app	olding more of discollicant and	re than five percent (50 closing the names of the landowner(s).	%) ownership or individuals with
All entities, with the financial interest in the Publicly-traded encownership or financial	e exception of public the business entity a tities and non-pro al interest. The disc business association foreign corporations	fit organizations shallosure requirement, as	organi ard. I list a applied	all Corporate d to land-use a	Officers applications the Nevad.	mes of individuals he and Directors in li s, extends to the app	olding more of discollicant and	re than five percent (50 closing the names of d the landowner(s). but not limited to priva corations.	%) ownership or individuals with te corporations,
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All entities, with the financial interest in the Publicly-traded enownership or financial Entities include all I close corporations, if the No individual No individual No individual Are any individual Nesser or Clary Yes  2. Do any individual Sister, grandol full-time employers	e exception of public the business entity at tities and non-protal interest. The discousiness association foreign corporations  Full Name  all OWNS 5% OF The county Water Revenue Water	fit organizations shallosure requirement, as a sorganized under or go, limited liability companion of the co	organiard.  I list a applied applied overme elies, pass. Are control of the contr	all Corporate d to land-use a sed by Title 7 of fartnerships, liming any is a partnerships as a partnerships as a partnerships as powers, which are as pouse, registement of Aviations as pouse of Reliable 1 and	Officers applications the Nevadited partner fittle private 6	mes of individuals ho and Directors in list, extends to the app a Revised Statutes, erships, and profess equity backed of corporation? ity, a Clark County, lected official (s)? inted/elected official corporation of corporation of competitive bit mestic partner, child, County Detention Corporation of corpo	olding more use of discontinuous of disc	closing the names of dithe landowner(s). but not limited to privationations.  % Owner (Not required for Pulcorporations/Non-profily).  I No ent of Aviation, Clark Cont perform any work lark County Water Recuprint N/A on Page 2.)	individuals with the corporations, dollicity Traded to organizations) ounty Detention on professional malf-brother/half-lamation District
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List any disclosures below: (Mark N/A, if not applicable.)

Signature

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			
Reclamation District.  Consanguinity" is a relation  To the second degree of co  Spouse – Registere	ship by blood. "Affinity" is a r nsanguinity" applies to the ca ed Domestic Partners – Childr	viation, Clark County Detention elationship by marriage.  Indidate's first and second deguen – Parents – In-laws (first defined the conduction of the country of the countr	ree of blood relatives as follow
For County Use Only:			
f any Disclosure of Relationship is	noted above, please complete the f	ollowing:	nis particular agenda item?
☐ Yes ☐ No Is the County er	mployee(s) noted above involved in t	he contracting/selection process for the	ance of the contract?
☐ Yes ☐ No Is the County en	nployee(s) noted above involved in a	any way with the business in performa	and of the comment
Notes/Comments:			

Bushess F. Person	na (Dicasa! · ·	t anal	_		- Appelle Committee	<u> </u>		
Business Entity Ty		K O⊓e)  ⊠ Limited	7			│ □ Non-Profit	☐ Other	
Proprietorship	Dodnorchin   -			Corporation Trust O		Organization		and the second s
Business Designat	ion Group (Pleas	e select all that ap	ply)					
☐ MBE	☐ WBE	□ SBE		☐ PBE	· · · · · · · · · · · · · · · · · · ·	□ VET	□DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	ss	Physically Ch Business Ent		Veteran Owned Business	Disabled Vetera Owned Business	
Number of Cla	rk County N	evada Residen	ıts E	Employed:	0			44.4
Corporate/Business	e Entity Name	IntegRhythm LL	C.					
(Include d.b.a., if ap	***************************************	"INRY", a Cprim	ie co	mpany				
	Pilcable	7760 France Av.			w	ebsite: https://www.	inry.com/	
Street Address:  City, State and Zip (	Code:	Bloomington, MN			PC	OC Name: Scott Carr	ney	
<b>T</b> 1 - 5 B1		+1 (612)708-150	00			x No:		
Telephone No:	-	2			- Contract of the contract of	ebsite:		Annual Control of the
Nevada Local Stree		N/A				eusite.		
(If different from ab			20.0000		Lo	ocal Fax No:		
City, State and Zip	code.	- ALLEY A				ocal POC Name:		
Local Telephone No	»:					nail:		
close corporations, fore	eign corporations, l	imited liability compar	nies, p	partnerships, lim	nited partners	Revised Statutes, includ hips, and professional o	corporations. % Ow (Not required for Corporations/Non-p	med Publicly Traded
Cprime INC.			Р	Parent Company			100%	,
					····			
						207779		
			789	704 =	/ - ISA	CONTRACTOR OF THE PARTY OF THE		
This section is not re	quired for publici	y-traded corporation	is. Ai	re you a public	ly-traded co	rporation?		Caunty Detection
Are any individual     Center or Clark C	County Water Recla	amation District full-fire	ne em	iployee(s), or ap	pointea/elec	a Clark County, Depart ted official(s)?		
☐ Yes	ser	vice contracts, or other	er con	tracts, which are	e not subject			
sister, grandchild	, grandparent, rela e(s), or appointed/	ted to a Clark Co⊔nty, elected official(s)?	Depa	anment of Aviation	on, Clark Coo	tic partner, child, parent unty Detention Center o	Clark County Tracer	
☐ Yes	No (if)	es, please complete t	the Di	isclosure of Rela	ationship for	n on Page 2. If no, plea	se print N/A on Page:	2.)
on land-use approvals,	contract approvals	f the information provi s, land sales, leases o	ided h r excl	nerein is current, hanges without t	, complete, a the complete	and accurate. I also unde d disclosure form.	erstand that the Board	will not take action
Pranav K	Pajguru			Pranav Raj	jguru	Marragem		
Signature				Print Name				
Chief Financial Of	fficer		-	10/23/2024				
Title			~	Date				

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

N/A	N/A
	MANY CONTRACTOR OF THE PROPERTY OF THE PROPERT
	in a secretarial distribution of the second
	and the second s

- 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?  If any Disclosure of Relationship is noted above, please complete the following:  If any Disclosure of Relationship is noted above, please complete the following:
Notes/Comments:
Signature
Print Name Authorized Department Representative

<sup>\*</sup> County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

<sup>&</sup>quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Duoiness Entitle T	mo (Dioses sols	ct one)						
Sole Proprietorship	Partnership	Limited Liability Company		☐ Trust	☐ Non-Profit Organization		☐ Other	
Business Designa	tion Group (Plea	se select all that appl	у)			1		
☐ MBE	□ WBE	☐ SBE	☐ PBE		☐ VET	□DV	ET	☐ ESB
Minority Business Enterprise	Women-Owne Business Enterprise	d Small Business Enterprise	Physically Cl Business En		Veteran Owned Business		led Veteran d Business	Emerging Small Business
Number of Cl	ark County N	Nevada Resident	s Employed:	0				
Corporate/Busines	ss Entity Name:	Cprime, Inc.						
(Include d.b.a., if a	pplicable)	n/a.						
Street Address:		5700 Granite Parkv	vay, Suite 670	W	ebsite: https://new.o	cprime.co	m/	
City, State and Zip	Code:	Plano, Texas 75024			OC Name: Jacob Hill mail: jake.hill@cprim			
		, lamel ood sond				10,00111		
Telephone No:		1 (877) 800-5221			ax No: N/a.	-		
Nevada Local Stre		N/a.		W	ebsite: N/a.			
City, State and Zi		N/a.		L	ocal Fax No: N/a.			
City, State and Zi	p code.	N/a.		L	ocal POC Name: N/a	ı.		
Local Telephone N	lo:	IV/a.		F	mail: N/a.			
entities include all b close corporations, fo	usiness associations preign corporations Full Name	ns organized under or go s, limited liability compani	es, partnerships, lir	mited partner	ships, and professional	(Not	% Owne	d
N/a.		1	N/a			N/a.		
4 Are any individ	ual members, part County Water Re	icly-traded corporations ners, owners or principal sclamation District full-tim	s, involved in the bu e employee(s), or a	usiness entity appointed/ele	, a Clark County, Depar cted official(s)?	rtment of A		
☐ Yes	⊠ No ⟨	If yes, please note that service contracts, or other	County employee(s r contracts, which a	s), or appoin ire not subjec	ted/elected official(s) m t to competitive bid.)			
sister, grandch	ild, grandparent, re yee(s), or appointe	ners, owners or principals elated to a Clark County, l ed/elected official(s)?	Department of Avia	tion, Glark Go	outly Determion Center C	or clark oo	unity vvator not	half-brother/half- lamation District
☐ Yes		(If yes, please complete t						
I certify under penalt on land-use approva	y of perjury, that a ls, contract approv	II of the information providuals, land sales, leases or	ded herein is currer exchanges withou	nt, complete, t the complet	and accurate. I also und ed disclosure form.	derstand th	at the Board wi	II not take action
ful ha-			Ridhi Madia					
Signature			Print Name					
March 26, 2025								
Staff Attorney			March 25, 20	25				

1

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.
Reclamation District.  "Consanguinity" is a relation  "To the second degree of co  • Spouse – Registere	nship by blood. "Affinity" is a r	elationship by marriage. ndidate's first and second deg en – Parents – In-laws (first d	
For County Use Only:	noted above, please complete the fo	llowina:	
*	nployee(s) noted above involved in th		nis particular agenda item?
	nployee(s) noted above involved in a		
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	ative		

2 REVISED 7/25/2014

D	ma (Diagon poloni	f anal						
Business Entity T	ype (Please selec	Limited			□ Non-Profit	☐ Other		
Proprietorship C	]Partnership	Liability Company	☐ Corporation	☐ Trus	Organization			
Business Designa	tion Group (Pleas	se select all that appl	(y)		1			
☐ MBE	□ WBE	☐ SBE	☐ PBE		☐ VET	□DVET	☐ ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically ( Business E		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of Cla	ark County N	evada Resident	s Employed	l: 11				
Cornorate/Rusines	Corporate/Business Entity Name: Las Vegas IT Consult							
(Include d.b.a., if a	1/4	RedPanda Systems						
Street Address:	ppdus.e/	6620 West Cheyen			Website: https://www.r	edpandasystems.com	1	
City, State and Zip	Code:	Las Vegas, NV 891			POC Name: David Shu	Itis		
		7025532500			Fax No:	3333tem3.00m		
Telephone No:		7025532500						
Nevada Local Stre					Website:			
(If different from a					Local Fax No:			
City, State and Zi	Code.				Local POC Name:			
Local Telephone N	lo:				Email:			
Entition include all h	usiness associations	s organized under or go	verned by Title 7 o	of the Nevad	, extends to the applicant a Revised Statutes, includ erships, and professional o	ling but not limited to priv corporations.		
	Full Name			Title		% Owne (Not required for Pu Corporations/Non-prof	blicly Traded	
Keith Hummel			Partner			50		
David Shultis			artner			_ 25		
Susanne Shultis		F	Partner			_ 25		
Are any individucenter or Clark     Yes      Do any individusister, grandchi	County Water Recl	amation District full-time yes, please note that of rvice contracts, or other rs, owners or principals ted to a Clark County, for elected official(s)?	s, involved in the been employee(s), or County employee(s) or contracts, which have a spouse, reportment of Avia	ousiness enti appointed/el- (s), or appoi are not subje gistered dom ation, Clark C	ty, a Clark County, Depart ected official(s)? nted/elected official(s) ma	tment of Aviation, Clark C ay not perform any work t, in-law or brother/sister, r Clark County Water Red	on professional half-brother/half- clamation District	
l certify under penalty on land-use approval	y of perjury, that all of s, contract approval	of the information provides, land sales, leases or	ded herein is curre exchanges withou David E	ut the comple	, and accurate. I also und eted disclosure form. S	erstand that the Board wi	II not take action	
Signature			Print Name					
Partner			March 13, 20	025				
Title			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			
Reclamation District.	lark County, Department of Avship by blood. "Affinity" is a re		n Center or Clark County Water
"To the second degree of cor	nsanguinity" applies to the can	didate's first and second degr	ree of blood relatives as follows:
Spouse – Registered	d Domestic Partners – Childre	n – Parents – In-laws (first de	egree)
	alf-Brothers/Half-Sisters – Gra		
Brothers/Sisters — H	all-Diothers/Hall-Sisters – Ore	andermaren – Grandparents	m laws (seesing degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the foll	owing:	
☐ Yes ☐ No Is the County em	ployee(s) noted above involved in the	contracting/selection process for th	is particular agenda item?
☐ Yes ☐ No Is the County em	ployee(s) noted above involved in an	y way with the business in performan	nce of the contract?
Notes/Comments:			
 Signature			

		TOOLOGO.	<u> </u>		P/PRINCIPALS				
Business Entity Type (P	lease select one	)							
Sole Proprietorship		Limited Liability	Corporation	Trust	Non-Profit Organization	Other			
Business Designation G	roup (Please se	lect all that apply	<u> </u>			T	1		
□мве □'	WBE	SBE	PBE		□ VET	DVET	ESB		
Enterprise Bus	men-Owned siness erprise	Small Business Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business		
Number of Clark C	ounty Neva	da Residents	Employed:			11			
Corporate/Business Ent	ity Name: NT	T America, Inc.							
(Include d.b.a., if applica	ble)								
Street Address:	On	e Penn Plaza, Su	ite 4920		ebsite: https://services	s.global.ntt/en-us/			
City, State and Zip Code		w York, NY 10119	9		POC Name: Ed Zapata  Email: edward.zapata@global.ntt				
Telephone No:	818	3-389-3032		Fa	ax No: 916 269 5127				
Nevada Local Street Add	iress: 30	0 South 4th Stree	t, Suite 180	w	Website: https://services.global.ntt/en-us/				
(If different from above)	Las	Las Vegas, NV 89101			Local Fax No: 916 269 5127				
City, State and Zip Code	City, State and Zip Code:		, vegas, 110 30101		Local POC Name: Ed Zapata				
Local Telephone No:		8-389-3032			Email: edward.zapata@global.ntt				
Entities include all busines close corporations, foreign of Full	s associations org corporations, limite Name	anized under or gov d liability companies	verned by Title 7 of s, partnerships, limit	the Nevada ed partnersh Title	Revised Statutes, includi ips, and professional corg	ng but not limited to priviporations. % Owne (Not required for Pu	<b>d</b>		
		_		-		Corporations/Non-prof			
Abhijit Dubey			nief Executive Off						
Elle Oldrik			North America CEO						
Ryan Williams		C	hief Financial Offi	cer					
				001					
Center or Clark Count Yes  2. Do any individual mer sister, grandchild, gra full-time employee(s), Yes	mbers, partners, c y Water Reclamai No (If yes, contrac mbers, partners, c ndparent, related or appointed/elec No (If yes,	winers or principals, ion District full-time please note that Co ts, or other contracts winers or principals to a Clark County, ted official(s)?	involved in the busi employee(s), or app unty employee(s), o s, which are not sub have a spouse, regi Department of Aviat	r-traded corp ness entity, a pointed/electe r appointed/e ject to compe istered dome ion, Clark Co	Clark County, Departmend official(s)? elected official(s) may not etitive bid.) stic partner, child, parent bunty Detention Center of on Page 2. If no, please	perform any work on pro , in-law or brother/sister, Clark County Water Re- print N/A on Page 2.)	fessional service half-brother/half- clamation District		
1. Are any individual mer Center or Clark Count  Yes  2. Do any individual mer sister, grandchild, grafull-time employee(s),	mbers, partners, c y Water Reclamai No (If yes, contrac mbers, partners, c indparent, related or appointed/elec No (If yes,	winers or principals, ion District full-time please note that Co ts, or other contracts where sor principals to a Clark County, ted official(s)? please complete the	involved in the busi employee(s), or app unty employee(s), o s, which are not sub have a spouse, regi Department of Aviat Disclosure of Related and herein is current, nanges without the co	ness entity, a pointed/electe r appointed/e ject to compe istered dome ion, Clark Cotionship form complete, an appointed dis	a Clark County, Department of official(s)? elected official(s) may not etitive bid.) stic partner, child, parent ounty Detention Center of on Page 2. If no, please and accurate. I also unders	perform any work on pro , in-law or brother/sister, - Clark County Water Rec print N/A on Page 2.)	fessional service half-brother/half- clamation District		
1. Are any individual mer Center or Clark Count Yes  2. Do any individual mer sister, grandchild, gra full-time employee(s), Yes  I certify under penalty of per land-use approvals, contract Signed by:	mbers, partners, c y Water Reclamai No (If yes, contrac mbers, partners, c indparent, related or appointed/elec No (If yes,	winers or principals, ion District full-time please note that Co ts, or other contracts where sor principals to a Clark County, ted official(s)? please complete the	involved in the busi employee(s), or app unty employee(s), o s, which are not sub have a spouse, regi Department of Aviat Disclosure of Related herein is current, nanges without the of Richard Garra	ness entity, a pointed/electe r appointed/e ject to compe istered dome ion, Clark Cotionship form complete, an appointed dis	a Clark County, Department of official(s)? elected official(s) may not etitive bid.) stic partner, child, parent ounty Detention Center of on Page 2. If no, please and accurate. I also unders	perform any work on pro , in-law or brother/sister, - Clark County Water Rec print N/A on Page 2.)	fessional service half-brother/half- clamation District		
1. Are any individual mer Center or Clark Count  Yes  2. Do any individual mer sister, grandchild, gra full-time employee(s),  Yes  I certify under penalty of perland-use approvals, contract	mbers, partners, of y Water Reclamai No (If yes, contract mbers, partners, ondparent, related or appointed/election (If yes, rjury, that all of the tapprovals, land september 19744E1	winers or principals, ion District full-time please note that Co ts, or other contracts where or principals to a Clark County, ted official(s)? please complete the information provides ales, leases or exchange in District full provides ales, leases or exchange full provides ales.	involved in the busi employee(s), or app unty employee(s), o s, which are not sub have a spouse, regi Department of Aviat Disclosure of Related and herein is current, nanges without the co	r-traded corp ness entity, a pointed/electe r appointed/e ject to compe istered dome ion, Clark Co tionship form complete, an completed dis	a Clark County, Department of official(s)? elected official(s) may not etitive bid.) stic partner, child, parent ounty Detention Center of on Page 2. If no, please and accurate. I also unders	perform any work on pro , in-law or brother/sister, - Clark County Water Rec print N/A on Page 2.)	fessional service half-brother/half- clamation District		

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

Signature

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	ANDOODITIEE					
INIA						
Water Reclamation District.  "Consanguinity" is a relation	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the	lationship by marriage.				
	d Domestic Partners – Childre	n Darente — In-laws (first dec	nree)			
<ul> <li>Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)</li> </ul>						
For County Use Only:						
If any Disclosure of Relationship is	noted above, please complete the follo	owing:				
Yes No Is the County em	ployee(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:						

Business Entity Type (Please select one)									
□ Sole	]Partnership	∴ Limited Liability Company	1   Corporation		Non-Profit Organization	☐ Other			
Business Designation Group (Please select all that apply)									
□ MBE	□ WBE			□ VET	□DVET □ ESB		☐ ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise			Veteran Owned Business		Disabled Veteran Owned Business Emerging Business		
Number of Clark County Nevada Residents Employed: 1									
	. m	RTS Premier Solutions, LLC							
Corporate/Busines		KI S Fremier Soluti	OIIS, LLO						
(Include d.b.a., if a	ррпсавіе)	2022 Soufort Ave			Website: www.RTSprem	nierSolı	utions.com		
Street Address:		3832 Seyfert Ave.	IV 00004		POC Name: Donald Ray				
City, State and Zip	Code:	North Las Vegas, N	17 09004	- 11	Email: FractionalCEO@				
Telephone No:		888-692-0420 Ext 70	 01		Fax No:				
Nevada Local Stree	at Addrage:				Website:				
(If different from al						_			
City, State and Zip					Local Fax No:				
, + with and all		702-203-5719			Local POC Name:				
Local Telephone N	lo:				Email:				
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  (Not required for Publicly Traded Corporations/Non-profit organizations)									
Donald Ray Freeman President									
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?									
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.									
Vonald 2008461AF	Ray Freema	n 11	Donald	d Ray F	Freeman II				
Signature			Print Name						
President	President 3/13/2025								
Title			Date						

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# 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			
• Spouse – Registered	d Domestic Partners – Childre	didate's first and second degre n – Parents – In-laws (first deg andchildren – Grandparents –	gree)
For County Use Only:			
	noted above, please complete the follows:		. particular agenda item?
		contracting/selection process for this	
Yes No Is the County emp	loyee(s) noted above involved in any	way with the business in performance	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

2 REVISED 7/25/2014