DISCLOSURE OF OWNERSHIP/PRINCIPALS

| Business Entity Ty | pe (Please select | one) | | | | | | |
|---|---|---|--|--|--|--|----------------------------|--|
| Sole Proprietorship | Partnership | Limited Liability Company | | ☐ Trust | ☐ Non-Profit Organization | ☐ Other | | |
| Business Designat | ion Group (Pleas | e select all that apply |) | | | | | |
| ☐ MBE | ☐ WBE ☐ SBE | | ☐ PBE | | □ VET | DVET | ☐ ESB | |
| Minority Business Women-Owned Business Enterprise | | Small Business Enterprise | , , , | | Veteran Owned Business | Disabled Veteran Owned Business | Emerging Small Business | |
| Number of Cla | rk County N | evada Residents | Employed: | 65 | | | | |
| Corporate/Business Entity Name: | | VTN Nevada | | | | | | |
| (Include d.b.a., If a | plicable) | | | | | | | |
| Street Address: | | 2727 South Rainbow Blvd We | | | ebsite: vtnnv.com | | | |
| City, State and Zip Code: | | Las Vegas, NV 89146 | | | POC Name: Gene D. Krametbauer | | | |
| Talanhana Na. | | 702-873-7550 | | | Email: genek@vtnnv.com | | | |
| Telephone No: | | | | F- | Fax No: 702-362-2597 | | | |
| Nevada Local Stree | | Same as above | | | Website: | | | |
| (If different from above) | | Same as above | | | And the state of t | | | |
| City, State and Zlp Code: | | | | | Local Fax No: | | | |
| Local Telephone No: | | | | ocal POC Name; mail: | | | | |
| | | | | | Revised Statutes, including ips, and professional corp | | ate corporations, | |
| Fuli Name | | Title | | Title | | % Owner (Not required for Pu Corporations/Non-prof | iblicly Traded | |
| Gene D. Krametbauer | | President | | | 80% | | | |
| David L. Edwards | | Secretary - | | | 6.5% | | | |
| Robert C. Hosea,III | | Treasurer | | | 6% | | | |
| Anthony Zicari | | | Principal | | | 5% | | |
| Are any individu | ial members, partn County Water Recl | amation District full-time | s, involved in the bu employee(s), or appunty employee(s), or | usiness entity cointed/electe or appointed/e | , a Clark County, Depart d official(s)? elected official(s) may not | , - | | |
| sister, grandchil | | ated to a Clark County, | | | stic partner, child, parent bunty Detention Center of | | | |
| ☐ Yes | ⊠ No (If | yes, please complete the | Disclosure of Rela | tionship form | on Page 2. If no, please | print N/A on Page 2.) | _ q. <u>q</u> | |
| | | of the information provide and sales, leases or excl | nanges without the | | | stand that the Board will r | ot take action on | |
| Signature | W NO | (Dell) | Print Name | , a di noto | | | | |
| President | | | May 22,20 | 23 | | | | |
| Title | | | Date | | | | | |

DISCLOSURE OF RELATIONSHIP

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

| NAME OF BUSINESS | NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE | RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL | COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT | | | | |
|--|---|---|--|--|--|--|--|
| OWNER/PRINCIPAL | AND JOB TITLE | EWIPLOTEE/OFFICIAL | DEPARTMENT | | | | |
| N/A | | | | | | | |
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| * County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage. "To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows: • Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree) • Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree) | | | | | | | |
| For County Use Only: | | | | | | | |
| If any Disclosure of Relationship is noted above, please complete the following: | | | | | | | |
| Yes No Is COUNTY employee(s) noted above involved in the contracting/selection process for this particular agenda item? | | | | | | | |
| Yes No Is COUNTY employee(s) noted above involved in any way with the business in performance of the contract? | | | | | | | |
| Notes/Comments: | | | | | | | |
| Signature | | | | | | | |
| Print Name Authorized Department Representa | ative | | | | | | |

2 REVISED 7/25/2014