Business Entity Type (Please select	t one)							*			
Sole Partnership	Limited Liabili	ity [Corporation	Trust	Non-Profit Organization	W W the horses are about AA	Other				
Business Designation Group (Pleas		oply)									
☐MBE	SBE		PBE		□vet		OVET	□ESB			
Minority Business Enterprise Women-Owned Business Enterprise	Small Busing Enterprise	ess	Physically Cha Business Ente		Veteran Owned Business	Disabled Veteran Owned Business Emerging Sm Business					
Number of Clark County No	evada Reside	nts E	mployed:			0					
	Appiro HR 11 C										
Corporate/Business Entity Name: Aspire HR, LLC.											
(Include d.b.a., if applicable) Street Address: 5151 Belt Line Road, Suite 1125 Website: www.aspirehr.com											
.Street Address:	Dallas, TX 7525		123	-	OC Name: Winnie C						
City, State and Zip Code:	Dallas, IX 7525	14			-	spirehr.co	m				
Telephone No.	214-880-0099				mail: wcnu@a: ax No: 214-880-991		· · · · · · · · · · · · · · · · · · ·				
Telephone No:	214 000 0000	-1-						5-1			
Nevada Local Street Address:	n/a		•	V	lebsite:			_			
(If different from above)								52			
City, State and Zip Code:				Want UP	ocal Fax No:						
Local Telephone No:		Local POC Name: Email:									
ownership or financial interest. The disclo Entities include all business associations close corporations, foreign corporations, i	organized under or	govern	ned by Title 7 of t	he Nevada	Revised Statutes, incl	uding but r	ot limited to priva				
Gabor Pulay Melissa Hillesheim			ging Partner		5.29%	Corpo	t required for Pub rations/Non-profit	icly Traded			
Brian Collett		_	, General Coun aging Partner	sei		62.25%					
Winnie Chu		Anniel Control	aging Partner			5.29%					
Randy Griffith		_									
1. Are any individual members, partne Center or Clark County Water Recla	This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes V No 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)?										
Do any individual members, partner sister, grandchild, grandparent, related full-time employee(s), or appointed/v Yes No (If y)	ated to a Clark Coun elected official(s)?	ty, Dep	artment of Aviation	on, Clark Co		or Clark C	ounty Water Recla				
I certify under penalty of perjury, that all oland use approvals, contract approvals, la	f the information pro-	vided he exchang	erein is current, c ges without the co Randy Griffith	omplete, ar	nd accurate. I also unde			take action on			
Signature			Print Name	,							
President Title			3/o	21/20	23						

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			
	•		
	•		1
"To the second degree of c follows: • Spouse – Registered	hip by blood. "Affinity" is a rel onsanguinity" applies to the I Domestic Partners – Childrer alf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first deg	
For County Use Only:			
If any Disclosure of Relationship is n	oted above, please complete the folio	wing:	
Yes No Is the County emp	loyee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	loyee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
	•		
01			
Signature			
Print Name Authorized Department Representat	ive		

Business Entity	/:Тур	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability	V	Corporation	Tru	ıst	Non-Profit Organization		Other	
Business Desig	inatio	on Group (Pleas	e sel	ect all that apply)							-
MBE		WBE .		SBE		PBE			VET		DVET	ESB
Minority Busines Enterprise	S	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent		d	Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of 0	Ölar	k County Ne	evac	la Residents	E	mployed: (0				-	
Corporate/Busin	2000	Entity Name:	ATA	WAY US, INC								
(Include d.b.a.,												
Street Address:		pilicable)	201	North Illinois St.	16	th Floor South	Tower	W/o	bsite: WWW.ATAW	AY.CO	M	
City, State and		ode:	Indi	anapolis, IN 462	04	-		РО	C Name: Dick Kelley	1		
Telephone No:			+1 (916) 837-8556					K No:			
Nevada Local Street Address: 391 Willow Court D1 Website:												
City, State and		*	Incli	ne Village, NV, 8	394	51		Lo	cal Fax No:			
			11 (016\ 027 0556					cal POC Name:			
Local Telephon	e No	:	Ŧ! (916) 837-8556		Email:						
Entities include a close corporations	il bus	iness associations	orga	nized under or gov liability companies	vern s, pa	ed by Title 7 of	the Neva	ada R	ends to the applicant are	ling but poration (N Corp	not limited to priva	d blicly Traded
Jean-Michel Isoir				CI	EO	ī.				100%		
												- q
1. Are any indicenter or Cl.	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?											
sister, grand	lchild.	grandparent, rela e(s), or appointed/	ated to electe	o a Clark County, [d official(s)?	Эер	artment of Aviat	ion, Clarl	k Cau	ic partner, child, paren nty Detention Center on n Page 2. If no., please	r Clark	County Water Rec	
land-use approvals	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. DAMIAN JANKOWSKI											
Signature						Print Name						
GLOBAL DIREC	TOR					10-APR-2023 Date						
						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			
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a releconsanguinity" applies to the deconsanguinity applies to the deconstruction of the deconstruction	candidate's first and second	gree)
For County Use Only:	•		
If any Disclosure of Relationship is r	noted above, please complete the follo	wing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:	(25)		
Signature			

Business Entit	y Ty	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability		Corporation	Tru	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sele	ect all that apply)	E						
MBE		✓ WBE		SBE		☐ PBE			□ VET		DVET	ESB
Minority Busine Enterprise	SS	Women-Owned Business Enterprise		Small Business Enterprise	ess Physically Challenged Business Enterprise				Veteran Owned Business	Disabled Veteran Owned Business Emerging Sr Business		
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				0		
Corporate/Bus	iness	Entity Name:	Effe	rvescent Consul	ting	146						
(Include d.b.a.,	(Include d.b.a., if applicable)											
Street Address	s:		673	Potomac Station	n Di	r, Suite 117		_	bsite: Effervescento		ng.com	
City, State and	Zip (Code:	201	76		•			C Name: Pavan Sin		rescentconsulting.	com
Telephone No:			703	987 3978				Fax	c No:			
Nevada Local S	Stree	t Address:						۱۸/۵	bsite:			
(If different from								446	usite.			
City, State and						•		Lo	cal Fax No:			
									cal POC Name:			
Local Telephor	ne No):						Em	ail:			
Entities include close corporation	all bu	siness associations eign corporations, I	orga imited	nized under or gov liability companies	vern s, pa	ed by Title 7 of artnerships, limite	ed partne	ida R ership	devised Statutes, includes, and professional con	ding but	not limited to priva	
April Dua		ruii Naine		Pr	Title President and CFO					(Not required for Publicly Traded Corporations/Non-profit organizations) 51%		
Pavan Singh					EO	dent and or o				49%		
T GTGTT OHIGH												
Are any ind	lividua		rs, ow	ners or principals,	invo	olved in the busin	ness entit	у, а (Clark County, Departm	_	No viation, Clark Cour	ty Detention
Center or C	iark (es, pl		unty	employee(s), or	appointe	ed/ele	ected official(s) may no	t perfori	m any work on prof	essional service
sister, gran	dchild	I members, partne I, grandparent, rela e(s), or appointed/	ated to	o a Clark County, [have Dep	e a spouse, regis artment of Aviati	stered do on, Clark	mest Cou	tic partner, child, paren inty Detention Center c	it, in-law or Clark	or brother/sister, l County Water Rec	nalf-brother/half- lamation District
Yes		✓ No _(If y	es, pl	ease complete the	Dis	closure of Relati	ionship fo	orm o	n Page 2. If no, please	e print N	I/A on Page 2.)	
		of perjury, that all o ntract approvals, la							accurate. I also under losure form.	stand th	at the Board will no	ot take action on
PSin	ign	É				Pavan Singh						
Signature	V				3	Print Name					1:	
CEO		II.				4/6/2023						
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	N/A -	N/A	N/A
			2
			Δ.
Water Reclamation District. "Consanguinity" is a relations	Clark County, Department of ship by blood. "Affinity" is a rel	ationship by marriage.	
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	ree)

Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

	250			
For County Use Only:				
If any Disclosure of Relationship is noted	above, please complete the following:			
Yes No Is the County employed	e(s) noted above involved in the contracting	/selection process fo	r this particular agenda iten	n?
Yes No Is the County employed	e(s) noted above involved in any way with th	ne business in perfor	mance of the contract?	
Notes/Comments:	a			
¥				
Signature				
Print Name				
Authorized Department Representative				

						71 71	111011 / (L)			
Business Entity Ty	pe (Please selec	t one)								
☐ Sole Proprietorship]Partnership	☐ Lir Comp	nited Liability any	☐ Corporation	n □ Tru		on-Profit inization		Other	
Business Designat	ion Group (Pleas	se select	all that apply)						
MBE	☐ WBE		SBE	PBE		□VE	T	□DVET □ES		□EŚB
Minority Business Enterprise	Women-Owned Business Enterprise	- 1	imall Business interprise	Physically (Business E		Vetera Busine	an Owned		abled Veteran med Business	Emerging Small Business
				*						
Number of Cla	rk County N	evada	Residents	Employed:				2		
Corporate/Busines	s Entity Name:	Enterp	rise Outcomes	s, Inc.						
(Include d.b.a., if ap	plicable)									
Street Address:	7,	9725 (Gavin Stone Av	venue -		Website: \	www.enterprise	eoutco	mes.com	
		Las Ve	gas, NV 8914	5		POC Name	Marina Diam			
City, State and Zip	Code:					Email:	wbiernacki@	enter	priseoutcomes.	com =
Telephone No:		702-94	15-3364			Fax No:				
Nevada Local Stree	at Addross	-					www.enterprise	eoutco	mes.com	
(If different from ab						website.				
City, State and Zip	-					Local Fax	No:			
ony, otate and zip	0000.	702-94	15-3364			Local POC Name: Wayne Biernacki				
Local Telephone No	D:				Email:		nacki@	enterpriseoutc	omes.com	
close corporations, for	Full Name	innited he	Duity Companies	, parmersiips, iii	Title	esimps, and p	лоневыопан согр	(N	% Owner ot required for Pul orations/Non-profit	olicly Traded
Wayne Biernacki				President				100		
			_ =							
This section is not re	equired for publicl	ly-traded	corporations.	Are you a public	cly-traded (corporation?	Yes	V	No	
Are any individua Center or Clark 6	al members, partne County Water Recla	ers, owne amation i	rs or principals, i District full-time e	involved in the bu employee(s), or a	isiness entit ppointed/ele	y, a Clark Co ected official(ounty, Departmer s)?	nt of Av	riation, Clark Coun	ty Detention
Yes				inty employee(s), , which are not su				perform	n any work on prof	essional service
sister, grandchild	al members, partne d, grandparent, rel de(s), or appointed/	ated to a	Clark County, E	nave a spouse, re Department of Avi	gistered do ation, Clark	mestic partner County Dete	er, child, parent, ention Center or	in-law Clark (or brother/sister, I County Water Rec	nalf-brother/half- lamation District
Yes	No (If	yes, plea	se complete the	Disclosure of Rel	lationship fo	orm on Page	2. If no, please	print N/	'A on Page 2.)	
I certify under penalty land-use approvale, co	of perjury, that all contract approvals, la	of the info and sales	rmation provide , leases or exch	d herein is curren anges without the Wayne Bier	e completed	, and accurat disclosure fo	te. I also underst orm.	and the	at the Board will no	ot take action on
Signature				Print Name						
President				April 10, 202	23					
Title				Date						
71110										

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			
	•		P = -
-			
	ship by blood. "Affinity" is a releast		degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – H.	alf-Brothers/Half-Sisters – Grai	ndchildren – Grandparents –	In-laws (second degree)
×			······································
For County Use Only:			
	noted above, please complete the follo	370	
	ployee(s) noted above involved in the		-
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
0	•		
Signature			

Business Entity Ty	pe (Please selec	t one)										
Sole Proprietorship	Partnership		_imited Liability np an y	Corporation	Trust	Non-Profit Organization		Other				
Business Designat	tion Group (Pleas	e sele	ect all that apply)								
□'MBE	WBE		SBE	PBE		□VET	DVET		ESB			
Minority Business Enterprise	Women-Owned Business Enterprise	1	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business Emerging Sm. Business					
Number of Cla	ırk County N	evad	a Rosidonts	Employed:	<u></u>			H	TF4			
·	in County 11		u residents	Linployeu.								
Corporate/Busines	s Entity Name:	Karn	na Consulting Ind	g Inc								
(Include d.b.a., if a												
Street Address:		3342	7 Pacific Highwa	ay S, Ste E10	V	/ebsite: https://www.k	armacoi	nsulting.tech				
	1	Fede	ıral way, WA 980	003		OC Name: Gughanath						
City, State and Zip	Code:				E	mail: nathan@ka		sulting.tech				
Telephone No:		646.9	963.3926		F	ax No: ^{206.905.0386}						
Nevada Local Stree	et Address:				v	/ebsite:						
(If different from al	oove)											
City, State and Zip	Code:				ocal Fax No:			74				
Local Talanhana N					L	Local POC Name:						
Local Telephone N	o.				E	mail:						
Entities include all bu close corporations, fo	usiness association reign corporations, Full Name	s orga limited	nized under or gov liability companies	verned by Title 7 of s, partnerships, limit	the Nevada ed partnersh Title	Revised Statutes, incluips, and professional co	rporation	not limited to priva s. % Owned ot required for Pub	i e			
Gughanathan Iyer	¥		Pre	esident & CEO		Corporations/Non-profit organizations) 100			organizations)			
		_										
1. Are any individu Center or Clark	al members, partne County Water Recl	ers, ow amatio	ners or principals, n District full-time e	involved in the busi employee(s), or app	ness entity, a ointed/electe	Clark County, Departm	ent of Av					
Do any individua	COI	ntracts	or other contracts	, which are not sub	ect to compe			,				
sister, grandchil full-time employ	d, grandparent, rel ee(s), or appointed	ated to electe	a Clark County, E d official(s)?	Department of Aviat	ion, Clark Co	ounty Detention Center of	or Clark (County Water Recl	amation District			
Yes	No (If	yes, pl	ease complete the	Disclosure of Relat	ionship form	on Page 2. If no, pleas	e print N/	A on Page 2.)				
land-use approvals c	of perjury, that all contractally	and sa	nformation provide es, leases or exch	anges without the o	ompleted dis	d accurate, I also under closure form.	stand tha	at the Board will no	t take action on			
Signature				Print-Name								
President & CEO				4/9/23								
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					
			·		
-	•				
+					
Water Reclamation District. "Consanguinity" is a relations	Clark County, Department of ship by blood. "Affinity" is a rel	ationship by marriage.			
×.					
Spouse – Registered	d Domestic Partners – Children	n – Parents – In-laws (first de	gree)		
Brothers/Sisters – H.	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)		
(4					
For County Use Only:					
If any Disclosure of Relationship is r	noted above, please complete the folio	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 emp	oloyee(s) noted above involved in any	way with the business in performance	e of the contract?		
Notes/Comments:					

Signature

Business Entity	Tur	e (Please select	one										
Sole Proprietorship		Partnership	7	Limited Liability		Corporation	Tru	ıst	Non-Profit Organization		Other		
Business Desig	nati	on Group (Pleas	e sel	ect all that apply)								
☑ MBE		□WBE		SBE		PBE			□VET		OVET	ESB	
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise	Physically Challenged Business Enterprise				Veteran Owned Business		abled Veteran rned Business	Emerging Small Business	
Number of 0	Clai	rk County Ne	evac	la Residents	ΕI	mployed:				1		,	
Corporate/Busi	ness	Entity Name:	Larn	ell Alan Enterpri	ises	,LLC							
(Include d.b.a., if applicable)													
Street Address:			_	5 W Sahara Ave		-			bsite: sourcing.larn		om		
City, State and	Zip C	ode:	Las	Vegas, NV 8911	17			PO:	C Name: Marcus A 'ail: mawhite@		an.com		
Telephone No:			775-	453-0450					: No:				
Nevada Local S	troot	Address:							bsite:				
(If different from						,		wwe.	bsite.				
City, State and								Loc	al Fax No:				
8									cal POC Name:				
Local Telephon	e No	:						Em					
close corporations	s, fore	Full Name	imited	Hiability companies	s, pa	ed by Title 7 of artnerships, limite	the Neva ed partne Title	rship:	evised Statutes, inclu s, and professional co	rporation (N	not limited to priva s. % Owned of required for Pub orations/Non-profit	I licly Traded	
Marçus A White				Fo	ounc	der & CEO				100			
This continuis	at ==	militard for white I					. Asia di						
Are any indi	vidua	I members, partne ounty Water Recla	rs, ow amatic	n District full-time	invo emp	lved in the busir loyee(s), or app	ness entit ointed/ele	y, a C ected	Clark County, Departm official(s)?	ent of Av			
Yes		con	tracts	, or other contracts	s, wh	nich are not subj	ect to cor	npetit	•				
sister, grand	lchild	members, partner , grandparent, rela e(s), or appointed/ —	ated to	o a Clark County, [have Depa	e a spouse, regis artment of Aviati	stered do on, Clark	mesti Cour	c partner, child, parer nty Detention Center (it, in-law or Clark (or brother/sister, h Counity Water Recl	alf-brother/half- amation District	
Yes		No (If y	es, pl	ease complete the	Dis	closure of Relati	ionship fo	rm or	n Page 2. If no, pleas	e print N/	A on Page 2.)		
I certify under pen land-use approval	alty c	f perjury, that áli o ntract approvals, la	f the i ind sa	nformation provide les, leases or exch	ed he	erein is current, one control the control	complete, ompleted	and discl	accurate. I also under osure form.	stand the	at the Board will no	t take action on	
Marca	us	A Whit	e_		i e	Marcus A Whit Print Name	te				0		
Founder & CEO						3.28.2023							
Title					- 8	Date							

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

		EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	•		
·			
			^
	•		
3			
2	- 085		
3			
* County employee means Clark Water Reclamation District. "Consanguinity" is a relationship bound to the second degree of consations follows: • Spouse – Registered Don	by blood. "Affinity" is a re	lationship by marriage.	degree of blood relatives as
Brothers/Sisters – Half-Br	others/Half-Sisters – Gra	andchildren – Grandparents – I	n-laws (second degree)
For County Use Only:	(40)		
If any Disclosure of Relationship is noted a	above, please complete the follo	owina:	
Yes No is the County employee			particular agenda item?
Yes No Is the County employee			· -
Notes/Comments:	120		

Busin	ess Entity	Type (Pleas	e select	one)									7.5	
☐ Soi Propri	le etorship	Partnersh	nip .	Limited Liability Company			Corporation Tru		ıst	Non-Profit Organization		Other	-	
Busin	ess Desig	nation Grou	p (Please	sele	ct all that apply)				A				
☑ MB	BE WBE SB		☑ SBE		PBE			VET		DVET	ESB			
			Small Business Enterprise		Phŷsically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Business					
Number of Clark County Nevada Resider					a Residents	its Employed:					83			
Corno	rato/Rucin	ess Entity N	lama:	Link	Tech, LLC									
		applicable)	laine.	71	ink Technologie	es								
-0.07	Address:	applicable	-	_	Hillwood Drive,	<u> </u>					consulti	na.com		
	State and Z	ip Code:			/egas, NV 8913	134 POC			Website: www.linktechconsulting.com POC Name: Debbie Banko Email: debbieb@linktechconsulting.com					
Telepl	hone No:			702-2	233-8703	Fax No: 702-233-8053								
Nevad	la Local St	reet Addres	s:						We	bsite:				
(If diff	erent from	above)												
City,	State and	ip Code:				Locali			cal Fax No:					
Local	Telephone	No				Loc			ocal POC Name:					
Entitle	s include al	business ass	sociations prations, li	organ	nized under or gov	verned	by Title 7 of	the Neva	da R	ends to the applicant a tevised Statutes, inclu s, and professional co	ding but prporation	not limited to prive	ı	
Debbie	Banko				CE	CEO				Corporations/Non-profit organizations) 54%				
	Harrison					Partner				48%				
This se	ection is no	t required fo	r publicly	-trade	ed corporations.	Are ye	ou a publicly	-traded o	corpo	pration?		No	,	
										Clark County, Departm	-		ty Detention	
	Center 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.)													
S	ister, grande		rent, rela	ted to	a Clark County, D					ic partner, child, parer nty Detention Center (
	Yes	√ No	· (If ye	es, ple	ease complete the	Disclo	sure of Relati	ionship fo	rm or	n Page 2. If no, pleas	e print N	'A on Page 2.)		
					formation providers, leases or exch	anges		ompleted		accurate. I also under osure form.	rstand tha	at the Board will no	t take action on	
Signatu	Signature					Print Name								
CEO						April 10, 2023								
Title						D	ate							

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			
	36		
follows:	consanguinity" applies to the		.1
	d Domestic Partners – Childrer		
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folio	wing:	
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 em	ployee(s) noted above involved in any	way with the business in performance	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa			

Business Entity T	ype (Please select	t one)			•							
T Sole	Partnership	Limited Liabili		✓ Corporation True		Trus	st	Non-Profit		Other		
Proprietorship Company Company Company Company Companion Company Companion Companion Company												
Пмве			SBE		PBE			□vet	Tn	DVET	□ ESB	
Minority Business Women-Owned Small Bus		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Emerging		Emerging Small Business		
									-			
Number of Clark County Nevada Reside					mployed: ઉ	80						
Corporate/Busine	ss Entity Name:	Rir	mini Street, Inc.	nc.								
(Include d.b.a., if a	Throng III											
Street Address:	Please note, this is an interim address,	725	1 West Lake Me	ead E	3lvd., Suite 30	0	We	bsite: https://www.rir	ninistr	eet.com/		
City, State and Zip	Code:	Las	Vegas, NV 8912					dhuano				
Telephone No:		702	2-839-9671				Fax	No: 702-973-7491				
Nevada Local Stre	eet Address:						We	bsite:				
(If different from a	ibove)											
City, State and Zi	City, State and Zip Code:				Local Fax No:							
Local Telephone I	No:			Local POC Name:			cal POC Name:					
Local Telephone I							Em	ail:				
ownership or financia Entities include all to	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.									te corporations,		
	Full Name			Title						% Owned ot required for Pub orations/Non-profit	licly Traded	
Seth Ravin			CE	CEO, President & Chairman of the Board					N/A			
Michael L. Perica			<u>E</u> V	EVP & Chief Financial Officer					N/A			
David Rowe Nancy Lyskawa				Chief Product Officer & EVP, Global Transformation					N/A			
Nancy Lyskawa		_	EV	/P &	Chief Client C	officer			N/A			
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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)? 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.)												
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.												
1/12				Seth Ravin								
Signature				Print Name								
CEO					4/7/2023							
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			
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·			
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8			
• Spouse – Registered	consanguinity" applies to the disconsise to the disconsise to the disconsisted disc	n – Parents – In-laws (first deg	gree)
For County Use Only:			ri .
If any Disclosure of Relationship is r	noted above, please complete the follo	owing:	
	ployee(s) noted above involved in the		
Yes No Is the County employees Notes/Comments:	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments.			
Signature			
Print Name Authorized Department Representa	tive		