## DISCLOSURE OF OWNERSHIP/PRINCIPALS

		_										
Business Entity Ty	e (Please select	one)										
Sole Proprietorship	Partnership		imited Liability	I	Corporation	Trust	No Organ	n-Profit nization		Other		
Business Designati	on Group (Please	e sele	ect all that apply	)								
	□WBE		SBE		PBE		□ VET			VET	☐ ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		Vetera Busine	n Owned ss		bled Veteran ed Business	Emerging Small Business	
				_		1107						
Number of Cla	rk County Ne	evac	la Residents	E	mployed:	IUI						
Corporate/Business Entity Name:		EAGLE QUEST										
(Include d.b.a., if a	plicable)											
Street Address:		36	80 N - RA	41	ACHO DE	ζ. ,	Website: (	EAGLEBUE	<b>5</b> T	SERVICES	ORG	
City, State and Zip Code:		LAS VEGAS NV. 89130					POC Name: DAVID DOYLE Email: DDOYLE@EAGLEQUEST.US. COM					
Telephone No:							Fax No:	702- 396	-41	93		
Nevada Local Stre	et Address:						Website:					
(If different from al	oove)	_		_								
City, State and Zip	Code:	_	Local F					al Fax No:				
							Local POC Name:					
Local Telephone N	o:						Email:					
Entities include all business associations organized close corporations, foreign corporations, limited liability  Full Name			d liability companie	Title			and processing energy		(N)	wrations.  % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
	nppetts		ŒO									
LESIVE JEA	N TIPPETT	5		Π	reasure	R			5	000		
					hro you a public	ly-traded c	cornoration	2 TYes	V	No		
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	was a state of County complex (or appointed/elected official/s) may not perform any work on professional service											
<ol> <li>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)?</li> </ol>												
Yes (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)												
l certify under penal land-use approvals	ty of perjury, that all centract approvals,	of the	e information provi	dec	t herein is current anges without the	t, complete completed	, and accur disclosure	ate. I also unders form.	tand th	nat the Board will	not take action on	
Slangting	fores a	e]	6		IVAN Print Name	RAY	TIPPE	TIS				
CEO		-	-		12/20	7/207	12					
Title					Date	1						

## DISCLOSURE OF RELATIONSHIP

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			
,			
Water Reclamation District,  "Consanguinity" is a relation  "To the second degree of follows:  • Spouse – Registere	ship by blood. "Affinity" is a reconsanguinity" applies to the	elationship by marriage.	
For County Use Only:			
•	noted above, please complete the fo		n nestin des sur de Basso
		e contracting/selection process for things way with the business in performan	
Notes/Comments:	iployee(s) noted above involved in a	ly way with the boomboo in policinal	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Signature			
Print Name Authorized Department Represent	ative		