#### DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)											
	pe (Please select							Alex Deept			
Sole Proprietorship	Partnership		Limited Liability mpany	Z	Corporation	Tn	st	Non-Profit Organization		Other	
Business Designation Group (Please select all that apply)											
МВЕ	□wbE	□SBE			☐ PBE			□VET	DVET		□ESB
Minority Business Enterprise	Minority Business Women-Owned		Small Business Enterprise	Small Business Physically Challenger Enterprise Business Enterprise				Veteran Owned Business	Disabled Veteran Emerging Sm Owned Business Business		Emerging Small Business
									141. 2		
Number of Cla	la Residents	E	mployed:				26		-		
Corporate/Busines	s Entity Name:	L.L.O. Inc.									
(Include d.b.a., if ap	8	1	Acme Electric								
Street Address:	pricable			ia Earhart Ct., Suite B Website: www.nclasvegas.com/ACME							
oneer Address.								C Name: Mark Urb			
City, State and Zip	Code:	Las	s Vegas, Nev	ada	a 89119					svegas com	
Telephone No:		702	02-876-1116			Email: murban@nclasvegas.com Fax No: 702-642-9876					
		702	-070-1110	-		-0	- Newstra	A Charles Spirit	_	-	
Nevada Local Stree		Saı	ne as above	ve			We	bsite:			
				1 and Fau Mar			nal Fay No:				
City, State and Zip	Code:	_	Local Fax N			cal POC Name:					
Local Telephone No	o:			1			Email:				
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  % Owned											
								(Not required for Publicly Traded Corporations/Non-profit organizations)			
Greg J. Paulk				President				73.2%			
Brady W. Stevens			<u>S</u>	Secretary / Treasurer				26.89	<u>/o</u>		
							=:-	-			
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.)											
<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> <li>Yes</li> <li>No</li> <li>(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)</li> </ol>											
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.    Mark Urban											
Vice President         10/22/25           Title         Date											

## 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			
	N/A					
	1					
Water Reclamation District.  "Consanguinity" is a relation:	ship by blood. "Affinity" is a re	lationship by marriage.	ention Center or Clark County degree of blood relatives as			
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)			
<ul> <li>Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)</li> </ul>						
For County Use Only:						
	noted above, please complete the follo					
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?			

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 agendated Notes/Comments:

Signature

Print Name
Authorized Department Representative

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	/ Type (Please sele	ct one)								
Sole Proprietorship	Partnership	Limited Liability	Corporation	Trust	Non-Profit Organization		Other	The second secon		
Business Desig	nation Group (Plea	ase select all that app	Νy			-				
MBE	<b>₩</b> WBE	Пѕве	□РВЕ		□ VET		OVET	ESB		
Minority Business Enterprise  Women-Owned Business Enterprise		ed Small Busine: Enterprise	Physically Ci Business En		Veteran Owned Business		Disabled Veteran Emerging Owned Business Busin			
Number of (	Clark County I	Nevada Residen	ts Employed:		95					
Cornorate/Busi	ness Entity Name:	Mey C	MC4 CONSTRUCTION							
(Include d.b.a.,										
Street Address:		5950 M	5950 KINEMIN							
Otrect Address.			LV NV 89122 702-478-6000							
City, State and	Zip Code:	LV NV								
Telephone No:		702 - 47	702 - 478 - 6000							
Nevada Local S	treet Address;				/ebsite:		· · · · · · · · · · · · · · · · · · ·			
(If different from		SAM	pro-							
City, State and	Zip Code:					Local Fax No:				
				Lo	Local POC Name:					
Local Telephon	e No:		Email:							
close corporations	Full Name	, limited liability compan	ies, partnerships, limi	ted partnersh Title	Revised Statutes, including, and professional cor	poration (N	s.  % Owned of required for Puborations/Non-profit	d blicly Traded		
Jana Macagana		<u> </u>	MANAGER			50%6				
JOHN W	llorma	46	MANNA	e contraction			30 16			
Are any Indi	vidual members, partr ark County Water Red	clamation District full-tim f yes, please note that C	s, involved in the bus e employee(s), or app County employee(s), o	iness entity, a pointed/electe or appointed/e	Clark County, Department of official(s)?	ent of Av				
contracts, or other contracts, which are not subject to competitive bid.)  2. 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 pen land-use approval: Signature	alty of perjury, that all s, contract approvals,	of the information provi land sales, leases or ex	changes without the	completed dis	d accurate. I also unders closure form.  McCukuwt			ot take action on		
MAWAS	EL		10-2	22 - 20	75		TOW MAY OWN MINE			
Title			Date							

### **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			
11/4	12/4	NIA	NA			
	10/1	, .				
		5				
	495 231					
	· ·					
* 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 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 the contracting/selection process for this particular agond item.  Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?						
Notes/Comments:						
Signature Print Name						
Authorized Department Representat	ive					