## DISCLOSURE OF OWNERSHIP/PRINCIPALS

| Business antity Typ   | to (Piaska caler)  |  |  |  |  |  |  |   |  |
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| Sole Proprietorsalp   | Partnership  | Company  | Liability  | Corporation  | Trust  | Non-Profit Organization  |  | Other   |  |
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| MBE   | ☐ WBE  | SB   | Ε  | PBE  |  | VET  | DVET   |   | □ESB   |
| Minority Business Enterprise  Women-Owned Business Enterprise   |  | Small<br>Enterp  | Business<br>orise  | Physically C<br>Business Er  |  | Veteran Owned<br>Business  | Disabled Veteran<br>Owned Business   |   | Emerging Small<br>Business   |
| Number of Clas  | rk County Ne   | evada Res  | sidents  | Employed:  |  |  | 51   |   |  |
| Compretizations   | Entity Name:   | Tand, Inc.   |  |  |  |  |  |   |  |
| Corporaturausiness Entity Name:   |  | N/A  |  |  |  |  |  |   |  |
| Street Address:   | tende C. J.a., il applicable)  |  | enberg Di  | Drive Website: N/A   |  |  |  |   |  |
| Street Actions.   |  | North Las \  | orth Las Vegas, NV 89081   |  |  | POC Name: Tracy S. Hoherz Email: Tand@Tandinc.com  |  |   |  |
| Telephone No:   |  |  |  |  | ex No: 702-889-8876  |  |  |   |  |
|   | 4 4 4 4 4  | ,  |  |  |  | /ebsite:   |  |   |  |
| Nevada Lucal Street   |  | Same   | eme  |  |  | redsite:   |  |   |  |
| (If different from about  |  | -  |  |  |  | ocal Fax No:   |  |   |  |
| City, State and Zip Code: Local Telephone No:   |  |  |  |  | ocal POC Name:   |  |  |   |  |
|   |  |  |  |  |  | Email:   |  |   |  |
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## **DISCLOSURE OF RELATIONSHIP**

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

| NAME OF BUSINESS<br>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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| follows:  • Spouse – Registere                 | consanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra | n – Parents – In-laws (first de           |  |
| For County Use Only:                           |  |   |  |
| If any Disclosure of Relationship is           | noted above, please complete the follo   | owing:                                    |  |
|  | ployee(s) noted above involved in the  |   |  |
| Yes No Is the County em  Notes/Comments:       | ployee(s) noted above involved in any  | way with the business in performant       | pe of the contract?                      |
| Signature                                      |  |   |  |
| Olymatore                                      |  |   |  |
| Print Name<br>Authorized Department Representa | ntive  |   |  |