Contract No. 3086

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	/ Ty	e (Please select	t one)			—		// KINOIPALE				
Sole Proprietorship	l	Partnership		Limited Liability	✓ Corporation	Tri	ust	Non-Profit Organization	.,_	Other		
Business Designation Group (Please select all that apply)												
MВЕ				SBE	□РВЕ			□ VET	DVET		□ESB	
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		d	Veteran Owned Business			Emerging Small Business	
Number of Clark County No			evada Residents Employed: 40									
Corporate/Business Entity Name:			IDIO:									
(Include d.b.a., if applicable)			MMC, Inc.									
Street Address:			6600 Amelia Earhart Ct. Ste. B Website: www.nclasvegas.cc						com/MMC			
City, State and Zip Code:			Las Vegas, NV 89119			PO	POC Name: Austin Waite Email: awaite@nclasvegas.com					
Telephone No:			702-642-3332					Fax No: 702-642-9876				
Nevada Local Street Address: (If different from above)			same as above				Website:					
City, State and Zip Code:							Loc	Local Fax No:				
Local Telephone No:						-	Local POC Name:					
All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) own financial interest in the business entity appearing before the Board. Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals 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 conclose corporations, foreign corporations, ilmited liability companies, partnerships, limited partnerships, and professional corporations.								individuals with				
Full Name			Title			Co		(No Corpo	% Owned (Not required for Publicly Traded orporations/Non-profit organizations)			
Greg J. Paulk			Preside			Presider				87%		
Brady W. Stevens			Secretary/ Tre			easurer 13%						
												
This section is no							-	 l	V			
Are any indiving Center or Cla	idual irk C	members, partner ounty Water Reclar	s, owr matior	iers or principals, in District full-time er	ivolved in the bus nployee(s), or ap	iness entit pointed/ele	y, a C ected	lark County, Department official(s)?	of Avia	ation, Clark Count	y Detention	
Yes	L	No (If ye cont	es, ple racts,	ase note that Coun or other contracts,	ity employee(s), o which are not sub	r appointe ject to cor	d/elec	cted official(s) may not po ive bid.)	erform	any work on profe	essional service	
2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, In-law or brother/sister, half-brot sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation full-time employee(s), or appointed/elected official(s)?							alf-brother/half- amation District					
Yes	k	No (If ye	es, ple	ase complete the D	isclosure of Rela	tionship fo	rm on	Page 2. If no, please p	rint N/A	on Page 2.)		
I certify under pena land-use approvals,	ilty of	perjury, that all of tract approvals, lar	the in	formation provided es, leases or exchai	herein is current, nges without the	complete, completed	, and a	accurate. I also understa osure form.	nd that	the Board will no	t take action on	
Signature				Mark Urban Print Name								
/ice President Title			04/29/25 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	

"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 any way with the business in performance of the contract?							
Notes/Comments:							
Signature							
Print Name							
Authorized Department Representative							

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.