

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> 12						
<b>Corporate/Business Entity Name:</b> Giddens Memorial Chapel						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		2737 N. Lamb Blvd		<b>Website:</b> www.giddensmemorialchapel.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89115		<b>POC Name:</b> Dr. Raymond Giddens Jr.		
<b>Telephone No:</b>		702-982-8070		<b>Email:</b> rayjr@giddensme.com		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or 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 with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

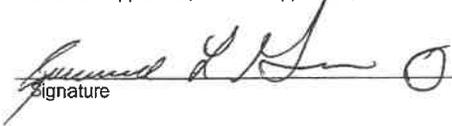
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Dr. Raymond Giddens Jr.	CEO	51%
Kyle L. Giddens	COO	49%

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  Yes  No

- 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.)
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 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.

  
 Signature  
 CEO  
 Title

Raymond Giddens Jr.  
 Print Name  
 9/29/2025  
 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

\* 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.

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- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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- 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

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input checked="" type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input checked="" type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed: 5</b>						
<b>Corporate/Business Entity Name:</b> Heritage Mortuary Inc						
<b>(Include d.b.a., if applicable)</b> N/A						
<b>Street Address:</b>			<b>Website:</b> www.heritagemortuary.org			
3610 N Rancho Drive			Las Vegas, NV 89130			
<b>City, State and Zip Code:</b>			<b>POC Name:</b> Larnique Mickens			
			<b>Email:</b> info@heritagemortuary.org			
<b>Telephone No:</b>			<b>Fax No:</b> 702-947-4649			
702-852-1464						
<b>Nevada Local Street Address:</b>			<b>Website:</b> N/A			
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>			<b>Local Fax No:</b> N/A			
			<b>Local POC Name:</b> N/A			
<b>Local Telephone No:</b>			<b>Email:</b> N/A			
N/A						

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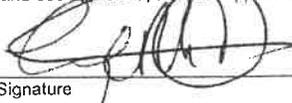
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Larnique Mickens	Executive Funeral Director	100%

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**  Yes  No

- 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.)
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 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.

 Signature	Larnique Mickens Print Name
Executive Funeral Director Title	October 7, 2025 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
Larnique Mickens	N/A	N/A	N /A

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Notes/Comments:



\_\_\_\_\_  
Signature  
Larnique Mickens  
\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

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<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: <u>12</u>						
Corporate/Business Entity Name: <u>INSPIRED LIFE HOLDINGS</u>						
(Include d.b.a., if applicable) <u>INSPIRED LIFE CREMATIONS</u>						
Street Address: <u>311 N. BUFFALO DR. STE. B</u>				Website: <u>inspiredlifememorials.com</u>		
City, State and Zip Code: <u>LAS VEGAS NV 89145</u>				POC Name: <u>KIRK WILLIAMS</u>		
Telephone No: <u>702.331.4966</u>				Email: <u>KIRK.WILLIAMS@INSPIREDLIFE.COM</u>		
Nevada Local Street Address: (If different from above)				Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
<u>KIRK WILLIAMS</u>	<u>CEO/CFO</u>	<u>50%</u>
<u>TANZY TAVIN BANKS</u>	<u>COO/MANAGING FUNERAL DIRECTOR</u>	<u>50%</u>

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Kirk Williams  
 Signature  
CEO  
 Title

KIRK WILLIAMS  
 Print Name  
10/7/25  
 Date

## DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
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<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed: 48</b>						
<b>Corporate/Business Entity Name:</b> <u>La Palma Funeral Services, LLC</u>						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b> <u>5450 Stephanie St.</u>			<b>Website:</b> <u>www.lapalmafuneral.com</u>			
<b>City, State and Zip Code:</b> <u>Las Vegas, NV 89122</u>			<b>POC Name:</b> <u>Ryan Bowen</u>			
<b>Telephone No:</b> <u>(702) 732-7070</u>			<b>Fax No:</b> <u>702-435-0099</u>			
<b>Nevada Local Street Address:</b> (If different from above)			<b>Website:</b>			
<b>City, State and Zip Code:</b>			<b>Local Fax No:</b>			
<b>Local Telephone No:</b>			<b>Local POC Name:</b>			
			<b>Email:</b>			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
<u>Ryan Bowen</u>	<u>Owner/ Mgr</u>	<u>50</u>
<u>Christopher Blackbarn</u>	<u>Owner</u>	<u>50</u>

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 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.)
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 Yes  No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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<u>Ryan Bowen</u> Signature <u>BOB/Owner</u> Title	<u>Ryan Bowen</u> Print Name <u>10/2/25</u> Date
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(Mark N/A, if not applicable.)

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N/A			

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

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<b>Business Designation Group (Please select all that apply)</b>						
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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> <u>Approx 100</u>						
<b>Corporate/Business Entity Name:</b> <u>Legacy Funeral Holdings of Nevada dba Las Vegas Cremations</u>						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b> <u>4000 S Eastern Ave #2A</u>				<b>Website:</b> <u>lasvegascremations.com</u>		
<b>City, State and Zip Code:</b> <u>Las Vegas, NV 89119</u>				<b>POC Name:</b>		
<b>Telephone No:</b> <u>702-473-5220</u>				<b>Email:</b>		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<b>(If different from above)</b>				<b>Local Fax No:</b>		
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
<u>Michael Soper</u>	<u>President/CEO</u>	<u>100%</u>

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<u>[Signature]</u>	<u>Lauren Guido</u>
Signature	Print Name
<u>General Manager</u>	<u>11/12/25</u>
Title	Date

## DISCLOSURE OF RELATIONSHIP

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N/A			

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative