## DISCLOSURE OF OWNERSHIP/PRINCIPALS

			DISCLOSU	KE !	OF OWN	IEKOF	1117	PRINCIPALS	_			
Rueinass Entit	v Tve	e (Please select	one)									
Sole Proprietorship		Partnership	Limited Liability Company	Ø	Corporation	Trus	it	Non-Profit Organization		Other		
	anatio	on Group (Pleas	e select all that appl	y)								
✓ MBE		□wbe	□SBE		□PBE			□ VET		OVET	□ESB	
Minority Business Enterprise  Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business			Emerging Small Business		
Nih.n.n.n.f	Olar	de Coumtre Ne	wada Basident	e En	unloved:				20			
Number of	Ciai	K County N	evada Residents Employed:									
			Ol L Luist Accesintos Inc									
Corporate/Business Entity Name:			Shaw-Lundquist Associates, Inc.									
(Include d.b.a.	if ap	plicable)	to the Chand and a lot possil									
Street Address	3:		2757 West Service Road					Website: https://www.ShawLundquist.com/				
			Eagan, MN 55121					POC Name: Hoyt Hsiao				
City, State and	Zip (	Code:					Email: HHsiao@ShawLundquist.com					
Telephone No:			651-454-0670					Fax No: N/A				
11.00		======					Website: https://www.ShawLundquist.com/					
Nevada Local	Nevada Local Street Address:			5662 La Costa Canyon Ct			TICHOILE.					
(If different fro	m abo	ove)					N/A					
City, State and	City, State and Zip Code:			Las Vegas, NV 89139			Local Fax No: N/A Local POC Name: Holden Hsiao					
Local Telephone No:			702-968-7865				H IHeigo@Shawl undquist.com					
Focsi Leiebuo	140	•					Email: HJrisiao@SilawEuridquisi.com					
Entitles include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.  Full Name  Title  **Owned*  **Owned*  **Companies*  **Owned*  **Title*  **Title*								ed				
			President & CEO						(Not required for Publicly Traded Corporations/Non-profit organizations) 48%			
Hoyt Hsiao			President West Region					45.3%				
Holden Hsiao									6.7%			
Thomas Meyers	3			Vice President								
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> </ol>												
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.												
you		2	Holden Hsiao									
Signature Print Name												
_					Tuesday, Api	ril 8 2024	5					
President West	Hegi	on		2	Date	0, 202	_					
Title												

## 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								
	alle state								
follows:  • Spouse – Registered	consanguinity" applies to the d Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	n – Parents – In-laws (first de	gree)						
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 INo 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 Representa	tive								