Business Enti	ty Tv	pe (Please select	one)									
Sole Proprietorship	1_	Partnership	V	Limited Liability	С	Corporation	Trus	st	Non-Profit Organization		Other	
Business Des	ignat	on Group (Pleas	e sele	ect all that apply)							T
MBE		□WBE		SBE		PBE			☐ VET		DVET	ESB
Minority Busine Enterprise	ess	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		visabled Veteran Owned Business	Emerging Small Business
Number of	Number of Clark County Nevada Residents Er					mployed:				24		
			Alli	ance Environi	me	ntal Group	LLC					
		s Entity Name:	AIII	ance Livitorii	1110	mai Oroup,						
(Include d.b.a		plicable)	777	7 N. Georgia A	٩ve	<u> </u>		Ma	bsite: www.alliand	e-e	nviro.com	
Street Addres City, State and		Code:		usa, CA 91				РО	C Name: Pedro Cru			nce-enviro.com
			626	6-633-3500	_				nail: _{x No:} 626-633-359	9		
Telephone No			020	3-033-3300				-				=====
Nevada Local			31	20 E. Post	t F	₹d.,		We	ebsite: www.allia	nce	e-enviro.con	n
(If different fro			Las	Vegas, NV 8	391	120		Lo	cal Fax No: 702-85	1-8	154	
City, State an	iu Zip	Code.							cal POC Name: Pedi			
Local Telepho	ne N	o:	70	2-851-802	.5						z@alliance-envi	ro.com
close corporation	e all b	reign corporations,	limited	d liability companie	s, p	artnerships, limit	ted partne	ership	Revised Statutes, includ ps, and professional cor	porat	ons. % Owne (Not required for Pu	d blicly Traded
Incline Private Ed	quity C	roup								>5%		
Board of Dire	ctors	and Officers:		Ke	elly k	lly Kambs (CEO), Daniel Murillo (CFO), Chantel Davis (CRO)			Chantel Davis (CRO)	<5%		
Craig Sawyer (VP o	f Opera	tions), Ronn Day (VP S	ales &	Marketing), Jo	onathan Doulas (General Counsel), Khris Norris (Director IAQ),							
Ruben Rivas	(Dire	ector of Operation	ons),	Ryan Pilota (D)ire	ctor of Op. fo	or emer	gen	cy Sales)			
1 Are any ir	ndividu	County Water Recl	ers, ov amati yes, p	wners or principals, on District full-time please note that Co	inv em unt	volved in the bus ployee(s), or app y employee(s), o	iness enti pointed/el or appoint	ty, a ected ed/el	Clark County, Department of the county of th	ent of		
sister, gra	andchi	al mamhare nartne	ers, ov	to a Clark County,	hav	e a spouse red	istered do	omes	titive bid.) stic partner, child, paren unty Detention Center c	t, in-la	aw or brother/sister, rk County Water Re	half-brother/half- clamation District
Yes					e Di	isclosure of Rela	tionship f	orm (on Page 2. If no, please	prin	t N/A on Page 2.)	
I certify under pland-use appro	enalty vals, o	of perjury, that all contract approvals, I	of the and s	information providales, leases or exc	ed I	nerein is current, iges without the	, complete completed	e, and d disc	d accurate. I also under closure form.	stand	that the Board will r	ot take action on
Jonathan Do	oula	Digitally signed Date: 2023.06.				Jonathan D	Doulas					
General Co	unse	l				6/6/23						
Title						Date		_				

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	n/a	n/a	n/a

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

"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:
Jonathan Doulas Digitally signed by Jonathan Doulas Date: 2023.06.06 15:10:43 -07'00'
Signature
Jonathan Doulas
Print Name Authorized Department Representative

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

Jeana Tarango

From: Pedro Cruz <pedrocruz@alliance-enviro.com>

Sent: Wednesday, June 7, 2023 11:34 AM

To: Jeana Tarango

Subject: RE: Disclosure of Ownership

Jeana,

No one else owns Incline Equity Group.

The list of all Corporate officers and Directors is as follows:

Kelly Kambs, CEO
Daniel Murillo, CFO
Chantel Davis, CRO
Craig Sawyer, VP of Operations
Ronn Day, VP of Sales & Marketing
Jonathan Doulas, General Counsel
Khris Norris, Director of Indoor Air Quality
Ruben Rivas, Director of Operations
Ryan Pilota, Director of Operations for Emergency Services

Let me know if this complies with your request.

Thank you.

From: Jeana Tarango < Jeana. Tarango @ Clark County NV.gov>

Sent: Wednesday, June 7, 2023 11:01 AM

To: Pedro Cruz <pedrocruz@alliance-enviro.com>

Subject: RE: Disclosure of Ownership

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

If there are any questions – please let me know. The form can be quite cumbersome.

Jeana Tarango
Purchasing & Contracts Division
Phone: (702) 455-4476
Office Hours: Monday-Thursday 6:00am to 4:30pm PST
Closed Fridays

Business Entity Ty	/pe (Please select	one)							
E a l	Parlnership	Limited Liability Company		Corporation	Trus	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	e select all that app	ly)						
MBE	✓ W8E	SBE		PBE		□ VET		DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	38	Physically Ch Business Ent		Veteran Owned Business	_	sabled Veteran vned Business	Emerging Small Business
Number of Cla	ark County No	evada Residen	ts E	mployed:			28		
Co-porate/Puoine	ne Entity Name	Baldwin Develor	ome	nt LLC					
	Deldwin Domo			507 - 5 - 1 - 1 - 1					
(Include d.b.a., if a	ipplicable)	225 W Brooks A	_		- 1	Website: www.baldv	vinly.co	m	
Street Address: City, State and Zip	Code:	N Las Vegas, NV 89030 POC Name: Daniel Frehner daniel@baldwinlv.com							
Telephone No:		702-469-8874				Fax No: 702-965-25	05		
Nevada Local Stre	et Address:		9			Website:			
(if different from a									
City, State and Zi	p Code:					Local Fax No:			
Local Telephone I	No:					Local POC Name:			
E-MM include of	husinaas assasiatias	se amonized under or	anve	med by Title 7 o	of the Neva	extends to the applicant da Revised Statutes, inc rships, and professional	luding bu corporation	I not limited to priv	ed
na i polade			m Mari				Corporations/Non-profit organiza		
Morgan Baldwin Devin Baldwin		0	President Vice President				49		
Devin Baldwin			710	BT TOSIGOTIL					
1 Are any indivi	dual members nartr	cly-traded corporation	als. in	volved in the bu	siness enti	y, a Clark County, Depar		✓ No Aviation, Clark Co	unty Detention
Center or Cla	rk County Water Red	damation District full-ti	ime ei L'Cour	mpioyee(s), or a _l nty empioyee(s),	ppointed/el or appoint	ected omciai(s)? ed/elected official(s) may			
sister, grando	dual members, partr hild, grandparent, n oyee(s), or appointe	ers, owners or princip elated to a Clark Cour d/elected official(s)?	nals ha nty, Do	ave a spouse, re epartment of Avi	gistered do ation, Clar	omestic partner, child, pa c County Detention Cent	er or Clar	k County Water Ri	, haif-brother/haif- eclamation District
Yes	interes.		-			orm on Page 2. If no, ple , and accurate. I also un			not take action on
land-use approva	, contract approvals,	land sales, leases or	excha	anges without the	e complete	disclosure form.		· · · · · ·	
1				Morgan Ba	aldwin				
Signature)			Print Name					
President				6/12/2023 Date					
Title				Date	1				REVISED 7/25/20

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

Signature

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NA	NA	NA	NA
	<u> </u>		
		•	
· ·			
"To the second degree of follows:		candidate's first and second	d degree of blood relatives as
-	ed Domestic Partners – Childre		
 Brothers/Sisters – I 	Half-Brothers/Half-Sisters Gra	andchildren – Grandparents –	In-laws (second degree)
		<u>•</u>	
For County Use Only:			
	noted above, please complete the fol		
	nployee(s) noted above involved in the		
Yes No Is the County er	nployee(s) noted above involved in ar	y way with the business in performal	nce of the contract?
Notes/Comments:			

2

Business Entity 7	voe (Please selec	ct one)							
III solo	Partnership		imited Liability pany	Corporation	Trust	Non-Profit Organization		Other	
Business Designa	ation Group (Plea	se selec	ct all that apply)		4			
✓ MBE	□WBE		 ✓ SBE	☐ PBE		VET		VET	ESB
Minority Business Enterprise	Women-Owne Business Enterprise		Small Business Enterprise	Physically (Business E		Veteran Owned Business			Emerging Small Business
Number of C	lark County N	Nevada	a Residents	Employed:			9		
Corporate/Busine	ee Entity Name:	Casa	as Construction	n					
5		n/a							
(Include d.b.a., if	applicable)		E. Patrick La	ne. Ste.2	14	/ebsite:			
Street Address: City, State and Zi	Las Vegas, NV				Р	POC Name: Jason Casas Email: jcasas@cconstruction.biz			
Telephone No:		702-5	597-2093		F	ax No: 702-454-031	4		
Nevada Local Str	eet Address:	1				/ebsite:			
(If different from									
City, State and Z					L	ocal Fax No:			
Oity, Otate and E	,,,,,				L	ocal POC Name:			
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List any disclosures below: (Mark N/A, if not applicable.)

Print Name Authorized Department Representative

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			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a re	elationship by marriage. candidate's first and second en – Parents – In-laws (first de	
Yes No Is the County en	noted above, please complete the fol nployee(s) noted above involved in the nployee(s) noted above involved in an	e contracting/selection process for this	
Signature			

						J. 01111			,			
Business Entit	у Туре (Р	lease selec	t one)		_							
Sole Proprietorship	Partr	ership		Limited Liability	E	Corporation	Tru	st	Non-Profit Organization		Other	
Business Desig	nation G	roup (Pleas	se sele	ect all that apply)							
MBE		WBE		□SBE		PBE			□ VET		OVET	□ ESB
Minority Busines Enterprise	Bus	men-Owned siness erprise		Small Business Enterprise		Physically Ch Business Enti			Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business
Number of	Clark C	ounty N	evad	la Residents	E	mployed:				18		
Corporate/Busi	ness Ent	ty Name:	CGI	l Development	of	Nevada LLC						
(Include d.b.a.,												
Street Address			310	0 E Charlestor	ı Bi	vd Suite 114		We	bsite: www.cgidem	olition	.com	
City, State and		Las Vegas NV 89104-6666 POC Name: Gre					C Name: Greg Bars	tow				
Telephone No:			702	.307.8002				Fax	No: 702.307.801	0		
Nevada Local S	treet Add	ress:						We	bsite:			
(If different from	n above)		_									
City, State and	Zip Code	:	-		_			Loc	cal Fax No:			
Local Telephon	e No:						l	Loc	cal POC Name:			
								Em	ail:			
Entitles include a close corporations	s, foreign c Full î	association orporations, lame	s orgai	Ilability companies	s, pa	ed by Title 7 of artnerships, limite	the Neva ed partne Title	da R	tevised Statutes, includis, and professional cor	poration (N	% Owned to private s. % Owned to required for Public orations/Non-profit	licly Traded
						W.						
1. Are any indi-	vidual men	nbers, partne	rs, ow	ed corporations. ners or principals, n District full-time o	invo	lved in the busin	ness entity	y, a (Clark County, Departme		No lation, Clark Count	y Detention
Yes	Ø N	lo (If	yes, pk		ınty	employee(s), or	appointe	d/ele	ected official(s) may not	perform	any work on profe	ssional service
sister, grand	ichild, gran	ibers, partne dparent, rel or appointed/	ated to	a Clark County, I	nave Depa	a spouse, regis artment of Aviati	stered do on, Clark	mesti Cou	ic partner, child, parent nty Detention Center o	, in-law Clark 0	or brother/sister, ha County Water Recla	alf-brother/half- amation District
Yes	V N	o (If	yes, ple	ease complete the	Dis	closure of Relati	onship fo	m o	n Page 2. If no, please	print N/	A on Page 2.)	
i certify under pen land-use approval	alty of perj	ury, that all o approvals, la	of the in	nformation provide les, leases or exch	d he ang	erein is current, o es without the co	complete, ompleted	and discl	accurate. I also unders losure form.	tand tha	it the Board will not	take action on
Signature		2_				Gregory S. B	arstow					
President						06/06/2023						
Title						Date		_				
			_		_		_					

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

Print Name

Authorized Department Representative

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			
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Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a relationsanguinity" applies to the consanguinity applies to the condition of Domestic Partners – Children alf-Brothers/Half-Sisters – Gran	ationship by marriage. candidate's first and second - Parents – In-laws (first dec	degree of blood relatives as
For County Use Only: If any Disclosure of Relationship is r	noted above, please complete the follo	wing:	
	ployee(s) noted above involved in the o		particular agenda item?
Yes No is the County emp	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Classitus			
Signature			

Business Entity Ty	pe (Please select	one)								
Sole Proprietorship	Partnership		Limited Liability	Z	Corporation	Trust	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	e sele	ect all that apply)				_		r
MВЕ	□WBE		SBE		PBE		VET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		Veteran Owned Business		Disabled Veteran Owned Business Busine	
Number of Cla	rk County No	evac	la Residents	Er	nployed:					
Corporate/Busines	s Entity Name:	Cor	nplete Demo S	Serv	ices					
(Include d.b.a., if a	pplicable)									
Street Address:		311	5 Meade Ave.			١,	Vebsite:			
City, State and Zip	Code:	La	s Vegas, N	IV i	89102		POC Name: Jack Paripovich 702-416-7528 Email: completedemoservices@yahoo.com			
Telephone No:		702	-776-7762				_{ax No:} 702-685-9938			
Nevada Local Stree	et Address:						Website:			
(If different from al	oove)	_								
City, State and Zip	Code:	_					Local Fax No:			
Local Telephone N	0'						Local POC Name:			
Local Telephone is	· · · · · · · · · · · · · · · · · · ·						Email:			
Entities include all h	Publicly-traded entities and non-profit organizations shownership or financial interest. The disclosure requirement, as Entities include all business associations organized under or close corporations, foreign corporations, limited liability compa			governed by Title 7 of the Nevada Revised Statutes, in			a Revised Statutes, includ	cluding but not limited to private corporations,		
				_						
				_						3.5
1 Are any individ	County Water Rec	ers, ov	wners or principals on District full-time	, inv	olved in the busi ployee(s), or app	ness entity pointed/elec	, a Clark County, Departm cted official(s)?	ent of A		
Are any individual Center or Clark Yes	ual members, partn County Water Rec	ers, over, pontract	wners or principals on District full-time please note that Co s, or other contract	invo	olved in the busi ployee(s), or app remployee(s), o hich are not sub	ness entity pointed/elect or appointed ject to com-	, a Clark County, Departmented official(s)? I/elected official(s) may no petitive bid.)	ent of A t perfor	viation, Clark Country any work on pro	fessional service
Are any individual Center or Clark Yes Do any individual sister, grandchifull-time employ	ual members, partn County Water Rec No (If No co lal members, partn ild, grandparent, re yee(s), or appointed	ers, over a contract ers, over	wners or principals on District full-time blease note that Co s, or other contract wners or principals to a Clark County, ed official(s)?	unty ts, w have	olved in the busi ployee(s), or app remployee(s), o hich are not sub e a spouse, reg partment of Aviat	ness entity pointed/elect or appointed ject to com- istered dor- tion, Clark	, a Clark County, Departmented official(s)? I/elected official(s) may no opetitive bid.) nestic partner, child, parente county Detention Center of	ent of A t perform t, in-law r Clark	viation, Clark Count any work on protection or brother/sister, County Water Re	fessional service
Are any individe Center or Clark Yes Do any individe sister, grandchifull-time employ Yes	ual members, partn County Water Rec No (If co ial members, partn ild, grandparent, re yee(s), or appointed	ers, over, pontract ers, overlated d/electrices, p	wners or principals on District full-time olease note that Cos, or other contract wners or principals to a Clark County, ed official(s)?	have Dis	olved in the busicoloyee(s), or apply employee(s), o hich are not subtle a spouse, regulariment of Aviatiscolosure of Rela	ness entity pointed/elect or appointed ject to com- istered dor- tion, Clark tionship for	, a Clark County, Departmented official(s)? I/elected official(s) may not upetitive bid.) nestic partner, child, parente county Detention Center of up and page 2. If no, please	ent of A t perform t, in-law r Clark print N	viation, Clark Count any work on property or brother/sister, County Water Rel	fessional service half-brother/half clamation District
Are any individual Center or Clark Yes Do any individual sister, grandchi full-time employ Yes	ual members, partn County Water Rec No (If countied members, partn ild, grandparent, re yee(s), or appointed No (If	ers, over a service of the land s	wners or principals on District full-time olease note that Cos, or other contract wners or principals to a Clark County, ed official(s)? olease complete the information providales, leases or except	ounty ts, w hav Dep	olved in the busicoloyee(s), or apply employee(s), o hich are not subtle a spouse, regularment of Aviational ecolosure of Relaterein is current,	ness entity pointed/elector appointed ject to com- istered don- tion, Clark tionship for complete, completed	, a Clark County, Departmented official(s)? delected official(s) may not petitive bid.) nestic partner, child, parent County Detention Center of mon Page 2. If no, please and accurate. I also under	ent of A t perform t, in-law r Clark print N	viation, Clark Count any work on property or brother/sister, County Water Rel	fessional service half-brother/half clamation District
Are any individed Center or Clark Yes Do any individed sister, grandchifull-time employ Yes Yes Y	Lal members, partn County Water Rec No (If co lal members, partn ild, grandparent, re yee(s), or appointed No (If y of perjury, that all contract approvals,	ers, over a service of the land s	wners or principals on District full-time olease note that Cos, or other contract wners or principals to a Clark County, ed official(s)? olease complete the information providales, leases or except	ounty ts, w hav Dep	olved in the busicloyee(s), or apply employee(s), or apply employee(s), o hich are not subtle a spouse, regardment of Aviation of Relations is current, ges without the Jack Pari, po	ness entity pointed/elector appointed ject to com- istered don- tion, Clark tionship for complete, completed	, a Clark County, Departmented official(s)? delected official(s) may not petitive bid.) nestic partner, child, parent County Detention Center of mon Page 2. If no, please and accurate. I also under	ent of A t perform t, in-law r Clark print N	viation, Clark Count any work on property or brother/sister, County Water Rel	fessional service half-brother/half clamation District

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

Authorized Department Representative

COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

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

1?

^{*} 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.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

	7 5 7/414 ·										
Business Entity Ty	pe (Please select Partnership	_	ed Liability		Corporation	Trus	st	Non-Profit Organization		Other	
Proprietorship Business Designati	on Group (Pleas		4	1							
MBE	□WBE	737	SBE		□PBE			□VET		VET	□ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Sm	all Business terprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	Number of Clark County Nevada Residents Employed: 23										
Company (Business Entity Name) Elevate Restore, LLC.											
Corporate/Busines		N/A	e Restore	, LI	_0.	_			-		
(Include d.b.a., if a	plicable)		I Eth Stra	of t	Suite 170			_{bsite:} www.elevate	rest	nre com	
Street Address: City, State and Zip	Code:			_	s, NV 890	32	PO	c Name: Scotty H	art		com
City, otate and Lip		700 54	0.0040					nail: SCORY@		aterestore	COIII
Telephone No:		702-54	0-2219				Fa	(No: / UZ-44 1-990)			
Nevada Local Street							We	bsite:			
(If different from ab							Loc	cal Fax No:			
City, State and Zip Code:					Local POC Name:			cal POC Name:			
Local Telephone N	o:						Em	all:			
·	Full Name	imited liab				Title	arsniţ	os, and professional corp	(1)	% Owne lot required for Pu orations/Non-profi	blicly Traded
Michael Mendoz	:a			Owner				100			
Are any individu Center or Clark Yes	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?										
eieter arandchi	ld, grandparent, re ree(s), or appointed	lated to a l /elected of	Clark County, fficial(s)?	, Dep	partment of Avia	tion, Clar	K CO	itic partner, child, parent unty Detention Center or	CIBIR	County water Ket	half-brother/half- clamation District
Yes						-		on Page 2. If no, please			
i certify under penalty land-use approvals, o	of perjury, that all contract approvals,	of the infor and sales,	mation provid leases or ex	ded t chan	ges without the	Combiere	C CIS	d accurate. I also unders closure form.	tand th	nat the Board will n	ot take action on
Signature		_			Print Name	endoza	8				
Owner					06/05/202	3					
Title					Date						

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									
g g									
"To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de							
For County Use Only:									
	noted above, please complete the foll								
Yes No Is the County en	nployee(s) noted above involved in the	contracting/selection process for this	s particular agenda item?						
Yes No Is the County en	nployee(s) noted above involved in any	y way with the business in performan	ce of the contract?						
Notes/Comments:	Notes/Comments:								
Signature									
Print Name									
Authorized Department Represent	ative								

Business Er	tity Ty	pe (Please select	one)												
Sole Proprietorshi		Partnership	Lim	ited Liability	Ø	Corporation	Tru	st	Non-Profit Organization	Other					
Business De	signat	on Group (Pleas	e select	all that apply)			_		_					
✓ MBE		□WBE	Ū	SBE		☐ PBE		_	VET	□DVET □ ESB			DVET		□ESB
Minority Busi Enterprise	,			mall Business nterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran rned Business	Emerging Small Business			
Number	of Cla	rk County No	evada	Residents	E	mployed:				3					
Corporate/Business Entity Name: Emmanuel Environmental, Inc.															
						,									
(Include d.b. Street Addre		plicable	4550 I	Donovan Wa	av.	Ste 114		Wel	bsite: www.emman	uelen	vironmental.co	m			
City, State a		Code:	-			ıs, NV 890)81		C Name: Romelle E	mmar					
Telephone N	o:		702-80	60-0464					No: 702-829-6051						
Nevada Loca		t Address:					Ť		bsite:						
(If different f															
City, State a	nd Zip	Code:						Loc	al Fax No:						
					Local POC Name			al POC Name:	e:						
Local Teleph	ione N	D:						Em	ail:						
Entitles included close corporate corporate Romelle Em	ions, fo	eign corporations, l	s organiz limited lia	bility companie	verr s, p	artnerships, limit	the Neva ed partne Title	ida R ership	evised Statutes, includi s, and professional corp	ooratior (N	not limited to priva ns. % Owned lot required for Pub lorations/Non-profit	f blicly Traded			
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.)															
sister, g full-time	randchil	d, grandparent, rel ee(s), or appointed	ated to a /elected o	Clark County, fficial(s)?	Dep	partment of Aviat	ion, Clark	Cou	tic partner, child, parent inty Detention Center or	Clark	County Water Rec	nalf-brother/half- lamation District			
			of the info	rmation provide	ed h	nerein is current,	complete	, and	n Page 2. If no, please accurate. I also unders	-		ot take action on			
R	Lvais, C	omaci approvals, k	anu sales	, IGASES UI EXC	· (all	Romelle Em			estate totti.						
Signature	eneth.														
Owner						6/14/2023 Date									
Title					_	Date									

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

	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*
NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performant	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entit	уТур	e (Please select	one)									
Sole Proprietorship		Partnership	Cor	Limited Liability		Corporation	Tru	st	Non-Profit Organization		Other	
Business Desig	nati	on Group (Pleas	e sele	ect all that apply)					_		
MBE		□WBE		SBE		PBE			□ VET	□DVET □ E\$B		
Minority Busines Enterprise	S	Women-Owned Business Enterprise		Small Business Physically Challenged Business Enterprise Business Enterprise Business				Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of	Cla	rk County Ne	evac	la Residents	Er	mployed:				23		
Corporate/Busi	ness	Entity Name:		k Removal a	nd	Bins LLC						
(Include d.b.a.,	if ap	plicable)		kMan		-1111						
Street Address	:		-	E Lake Mea					bsite: www.vegas			
City, State and	Zip (Code:	He	nderson, N	IV	89015		PO(c _{Name:} Lou Pa\ _{ail:} Lou@ve		nik junkman.co	om
Telephone No:			702	-527-5865				Fax	No:		***************************************	
Nevada Local S	tree	Address:		- W V				We	bsite:		7 30	
(If different from	n ab	ove)										
City, State and	Zip	Code:						Loc	al Fax No:			
					Local POC Name:			al POC Name:				
Local Telephon	e No	:						Em	ail:			
				tliability companies	s, pa		ed partne Title		evised Statutes, includi s, and professional corp	ooration (N Corp		f blicly Traded
This section is r	ot re	quired for publicl	y-trao	led corporations.	Are	you a publicly	-traded (corpo	oration? Yes	V	No	
Are any ind	ividua	il members, partne	rs, ow	•	invo	lved in the busin	ness entil	ly, a (Clark County, Departme	-	•	ty Detention
Yes				lease note that Co					ected official(s) may not tive bid.)	perform	m any work on prof	essional service
sister, gran	dehile		ated t	o a Clark County, I					ic partner, child, parent nty Detention Center of			
Yes	_	✓ No -{If	yes, p	lease complete the	Dis	closure of Relat	ionship fo	om o	n Page 2. If no, please	print N	/A on Page 2.)	
				information provide ales, leases or exch	nang		completed		accurate. I also unders losure form.	tand th	at the Board will no	ot take action on
Signature	in	ye.			(Print Name	HK					
President					9	06/05/2023						
Title					_	Date			100			

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
NA			

- 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.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Business Entity Typ	e (Please selec	t one)								
T Solo		Limited Liability			Non-Profit					
Proprietorship	Partnership	Company	Corporation	Trust	Organization	Other				
		se select all that apply			la constant					
MBE	WBE	SBE	PBE		VET	DVET	ESB			
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business			
Number of Cla	Number of Clark County Nevada Residents Employed: Four (4)									
Corporate/Business	Entity Name:	NEVADY	BUDG	ETN	1AINTENA	NCE LLC				
(include d.b.a., if ap	plicable)									
Street Address:		3560 S.P.	OLARIS P	NE W	ebsite: $ abla$	3				
City, State and Zip	Code:	,,,	1	PC	oc Name:	2012@ a mai	com			
Telephone No:		102-22	2-9948	Fa	x No: 702	2012@gmai	5			
Nevada Local Street	t Address:				ebsite:					
(If different from ab	ove)									
City, State and Zip	Code:			Lo	ocal Fax No:					
				Lo	Local POC Name:					
Local Telephone No): 			Er	nail:					
close corporations, for	eign corporations,	limited liability companie	s, partnerships, limit	ed partnershi Title	ips, and professional co	orporations. % Own	ed .			
MR. S	_	MM _	0W	NER	(Not required for Publicly Traded Corporations/Non-profit organizations)					
			wh							
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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)? 1. Yes No (If yes, please note that County employee(s), or appointed/elected official(s)? 1. 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.)										
 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.) 										
I certify under penalty land-use approvals, co	of perjury, that all ontract approvals,	of the information provid land sales, leases or exc	ed herein is current, hanges without the	complete, ar completed dis	nd accurate. I also unde sclosure form.	erstand that the Board will	not take action on			
Signature										
Signature	00	faces	Print Name	2/1-	HAM					

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
ko			
) /A		
V			
		10000	

"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:									

^{*} 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.

Business Entir	ty Ty	e (Please select	one)	0								
Sole Proprietorship		Partnership		Limited Liability mpany	Z	Corporation	Trus	st	t Non-Profit Organization Other			
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)					-		
МВE		✓ WBE		SBE		PBE			□ VET		DVET	ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of	Number of Clark County Nevada Residents Employed:											
	_		18/0	Ct		las						
Corporate/Bus			vve	aver Construct	lion	inc.						
(Include d.b.a.		plicable)	250	IO N. Nellie Blv	Ч			154	bsite: weaver-con:	etruct	ion com	
Street Address City, State and		Code:	Las Vegas, NV 89115						C Name: Phyllis We	aver	embarqmail.co	m
Telephone No:			702	-644-188					No: 702-643-8961			
Nevada Local			Sã	ame				We	^{bsite:} same			
(If different fro			san	ne				1	al Fax No: same			
City, State and	a Zip	Code:	Jun	10	Local POC Name: Sa							
Local Telepho	ne No	:	Sa	ame				Em		е		
ownership or fina Entities include	ancial all bu	interest. The disclo siness associations eign corporations, I	sure i	requirement, as app anized under or gov	plied verne	l to land-use app ed by Title 7 of	plications, the Neva ed partne	, exte da R	Directors in lieu of ends to the applicant an evised Statutes, includ is, and professional cor	d the la ing but	andowner(s). not limited to priva ns.	te corporations,
Marla Weaver		Full Name		Pr	Title President					% Owned Not required for Put porations/Non-profit	olicly Traded	
Joseph Weave					Vice-President				15.76			
Phyllis Weave			-	Se	Secretary/Treasurer				15.76			
Brian Weaver			_		irec					15.76		
1. Are any inc	This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes V 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)?											
sister, grar full-time er	ndchild	l, grandparent, relec(s), or appointed/	ated t	o a Clark County, I ed official(s)?	Depa	artment of Aviati	ion, Clark	Cou	tic partner, child, paren enty Detention Center o	r Clark	County Water Rec	
Yes		✓ No (If y	es, p	lease complete the	Dis	ciosure of Relati	ionship fo	orm o	n Page 2. If no, please	print N	I/A on Page 2.)	
				information provide ales, leases or exch					accurate. I also unders losure form.	stand th	nat the Board will no	ot take action on
Signature (Phyllis Weaver Print Name											
Secretary/Tre	asur	er			100	6-7-23						
Title						Date						

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

Print Name Authorized Department Representative

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									
* 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 any way with the business in performance of the contract? Notes/Comments:									
Signature									

		DIOOLOGO	L OI OIII	TEI (OIII	I I KINOII AL			
Business Entity Ty	pe (Please selec	1	r					
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designat	ion Group (Pleas	e select all that apply)					
МВЕ	⊠ WBE	✓SBE	□PBE		□VET	DOVET	⊠ ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Physically Challenge Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Emerging Smal Business		
Number of Cla	rk County N	evada Residents	Employed:		14			
Corporate/Business Entity Name:		KOR Building Group, LLC						
Include d.b.a., if a	oplicable)		9					
Street Address:	1	2670 Chan	er Ave #	-10 w	Website: Korlog. Com			
City, State and Zip Code:		Las Vegas, NY 99120		P	POC Name: Rebecca Fountain			
					Email: Rebeccae korbg.com			
Telephone No:		702 835 0890			Fax No: 702-216-6577			
Nevada Local Street Address: (If different from above)		Same as Alove		W	Website: Korbg.com			
City, State and Zip	Code:			Lo	Local Fax No:			
Local Telephone No:				Lo	Local POC Name:			
					Email:			
close corporations, for	eign corporations, I	imited liability companies	s, partnerships, limiti	ed partnershi Title	ps, and professional corp	% Owne		
					(Not required for Publicly Traded Corporations/Non-profit organization			
RebeccaFo	untain	Owner				100 %		
		y-traded corporations.				No		
Center or Clark (County Water Recia	mation District full-time e	employee(s), or app	ointed/electe	d official(s)?	nt of Aviation, Clark Cour		
Yes	con	tracts, or other contracts	, which are not subj	ect to compe	titive bid.)	perform any work on pro		
sister, grandchild	I members, partner I, grandparent, rela e(s), or appointed/	sted to a Clark County, E	ave a spouse, regis department of Aviati	stered domes on, Clark Co	itic partner, child, parent, unty Detention Center or	in-law or brother/sister, Clark County Water Rec	nalf-brother/haif- lamation District	
Yes	No (If y	es, please complete the	Disclosure of Relati	onship form	on Page 2. If no, please	print N/A on Page 2.)		
certify under penalty of and-use approvals, co	of perjury, that all o ntract approvals, la	f the information provider nd sales, leases or exch	therein is current, or anges without the co	complete, and ompleted disc	d accurate. I also undersi closure form.	land that the Board will n	of take action on	
	3		Rebec	caFou	ntain	11		
Signal	TOFO		Rebec Print Name June	5.200:	3			
litte Dwner	· · ·		Date	- we				

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

Signature

Print Name Authorized Department Representative

NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'S					
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT					
N/A								
			1. 11					
* 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 any way with the business in performance of the contract? Notes/Comments:								
notagioumnono.								