## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Sole Proprietorship	□Partnership	☐ Limited Liability Compa	ny D	☑ Corporation	☐ Trust	☐ Non-Profit Organization		☐ Other	
Business Design	ation Group (Plea	se select all that	apply)			1	_		1
□ мве	☐ WBE	☐ SBE		☐ PBE		☐ VET		DVET	☐ ESB
Minority Business Enterprise  Women-Owned Business Enterprise		Small Busi Enterprise	Small Business Enterprise		hallenged terprise	Veteran Owned Business	Disabled Veteran Owned Business		Emerging Sma Business
Number of C	lark County N	evada Resid	ents	Employed:	0				
Corporate/Busin	ess Entity Name:	Kofile Technologies, Inc.							
(Include d.b.a., if	applicable)								
Street Address:		6300 Cedar Springs Road			W	/ebsite: www.Kofile.c	om		
		Dallas, TX 75325			P	OC Name: Patrick Me	elo		
City, State and Z	ip Code:	Julius, 1717 6524		E	mail: Patrick.Melo@h	Cofile.c	com		
Telephone No:				F	ax No:				
1.00					W	/ebsite:			
Nevada Local St									
City, State and 2					L	ocal Fax No:			
Only, State and Lip Godo.					L	Local POC Name:			
Local Telephone	No:				F	mail:			
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financial interest in  Publicly-traded er  ownership or finance	the business entity a ntities and non-pro cial interest. The disc business association foreign corporations Full Name	ppearing before the fit organizations story requirement, as organized under	shall lis , as appl	st all Corporate lied to land-use a	e Officers ar applications, the Nevada mited partners	nd Directors in lieu of extends to the applicant	disclosi and the ing but corporat	ng the names of a landowner(s).  not limited to privations.	individuals with ate corporations, and blicky Traded
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REVISED 7/25/2014

## **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
NIA			
7,0 =			
Reclamation District.  "Consanguinity" is a relations  "To the second degree of cor  • Spouse – Registered	ship by blood. "Affinity" is a re	elationship by marriage. didate's first and second degr n – Parents – In-laws (first de	
For County Use Only:	tota the fel	lavoia av	
	noted above, please complete the fol ployee(s) noted above involved in the		is particular agenda item?
	ployee(s) noted above involved in an		
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

2

REVISED 7/25/2014