DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity T	vpe (Please sel	ect one								
Tools -	Partnership		Limited Liability	Г	Corporation	Trust	Non-Profit Organization		Other	
Business Designa	tion Group (Ple	ease sel	ect all that apply	()						
МВЕ	□wbe		SBE		PBE		VET		DVET	ESB
Minority Business Enterprise Women-Owned Business Enterprise		ned	Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business			Emerging Sm Business
Number of Cla	ark County	Nevac	la Residents	E	mployed:			22		
Corporate/Business Entity Name:		: Rite	Rite of Passage Adolescent Treatment Centers and Schools, Inc.							
(Include d.b.a., if applicable)										
		256	2560 Business Parkway				Website: www.rited	ofpassage	e.com	
Street Address: City, State and Zip Code:		Mi	Minden, NV 89423			1	POC Name: Jennifer Stoops jennifer.stoops@rop.com			
Telephone No:		(77	(775) 392-2659				Fax No: (775) 392-	2443		
Nevada Local Street Address:		Rite o	Rite of Passage Adolescent Treatment Centers and Schools, Inc.			ools, inc.	Website: www.riteofpassage.com			
(If different from above)		900	Enst Charleston	Blvd	Lac Venas NV	/ 89104	(775	392-244	13	- 000
City, State and Zip Code:		800	800 East Charleston Blvd. Las Vegas NV 89104				Local Fax No: (775) 392-2443			
	Local Telephone No:		(702) 463-6929 Alt. (702) 460-8286			Local POC Name: Makaya Swain makaya.swain@rop.com Email:				
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DISCLOSURE OF RELATIONSHIP

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						
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 	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	ree)						
 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 emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?						
Notes/Comments:									



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RITE OF PASSAGE ADOLESCENT TREATMENT CENTERS AND SCHOOLS, INC.