

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)																																																																					
<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																																																															
Business Designation Group (Please select all that apply)																																																																					
<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: 3																																																																					
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Corporate/Business Entity Name:</td> <td colspan="6" style="font-family: cursive; font-size: 1.2em; padding: 5px;">EPIC SYSTEMS CORPORATION</td> </tr> <tr> <td colspan="7" style="padding: 5px;">(Include d.b.a., if applicable)</td> </tr> <tr> <td style="width: 25%;">Street Address:</td> <td colspan="3" style="padding: 5px;">1979 MILKY WAY</td> <td style="width: 15%;">Website:</td> <td colspan="2" style="padding: 5px;">www.EPIC.COM</td> </tr> <tr> <td style="width: 25%;">City, State and Zip Code:</td> <td colspan="3" style="padding: 5px;">VERONA, WI 53593</td> <td style="width: 15%;">POC Name:</td> <td colspan="2" style="padding: 5px;">ERIC LEE</td> </tr> <tr> <td style="width: 25%;">Telephone No:</td> <td colspan="3" style="padding: 5px;">608-271-9000</td> <td style="width: 15%;">Email:</td> <td colspan="2" style="padding: 5px;">EGLEE@EPIC.COM</td> </tr> <tr> <td style="width: 25%;">Nevada Local Street Address: (If different from above)</td> <td colspan="3" style="padding: 5px;"></td> <td style="width: 15%;">Website:</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="width: 25%;">City, State and Zip Code:</td> <td colspan="3" style="padding: 5px;"></td> <td style="width: 15%;">Local Fax No:</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="width: 25%;">Local Telephone No:</td> <td colspan="3" style="padding: 5px;"></td> <td style="width: 15%;">Local POC Name:</td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="width: 25%;"></td> <td colspan="3" style="padding: 5px;"></td> <td style="width: 15%;">Email:</td> <td colspan="2" style="padding: 5px;"></td> </tr> </table>							Corporate/Business Entity Name:	EPIC SYSTEMS CORPORATION						(Include d.b.a., if applicable)							Street Address:	1979 MILKY WAY			Website:	www.EPIC.COM		City, State and Zip Code:	VERONA, WI 53593			POC Name:	ERIC LEE		Telephone No:	608-271-9000			Email:	EGLEE@EPIC.COM		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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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)
JUDY FAULKNER	CEO	> 5%

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

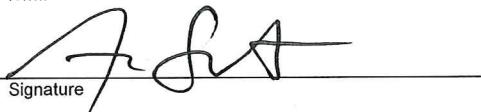
1. Are any individual members, partners, owners or principals, involved in the business entity, a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?

Yes No (If yes, please note that University Medical Center of Southern Nevada 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.)

2. 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 University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?

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 University Medical Center of Southern Nevada Governing Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

 Signature	 Print Name
TAX ADVISOR	4-18-23
Title	Date