DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Type (Please selec	et one)							
Sole Proprietorship	Partnership	Limited Liabilit	Corporation	Trust	Non-Profit Organization	Other	·		
Business Desig	nation Group (Plea	se select all that ap	ply)		*	W			
☐ MBE ☐ WBE		□SBE	□ PBE .		□VET	DVET	ПЕЅВ		
Minority Business Enterprise Women-Owned Business Enterprise		Enterprise	Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business		
			the state of the s		©* 9.*		- N		
Number of 0	Clark County N	evada Resider	nts Employed:		2 2 3 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	24	*		
Corporate/Business Entity Name:		Taylor International Corp.							
(Include d.b.a., i			·		a a				
Street Address:		8804 Spanish Ridge Ave. Ste. 100		w	Website: www.Taylor-usa.com				
City, State and Zip Code:		Las Vegas, NV 89148			POC Name: Jim Mason Email: Jim@Taylor-usa.com				
Telephone No:		(702) 734-6871		Fa	Fax No:				
Nevada Local St	treet Address:				Website:				
(If different from	above)				a				
City, State and	Zip Code:		Local Fax No		ocal Fax No:	x No:			
l and Talamban	. No.		I		Local POC Name: Jim Mason				
Local Telephone	# NO:			Er	Email: Jim@Taylor-usa.com				
Entities include all business associations organized under close corporations, foreign corporations, limited liability comp		limited liability compar	anies, partnerships, limited partnerships, and profe Title		ps, and professional corpo	orations. % Owne (Not required for Pu Corporations/Non-prof	ed blicly Traded		
Bill Mason			Secretary / Treasurer		50				
Jim Mason			President		5	i0 ⁻			
						*			
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)? 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 Rela	tionship form	on Page 2. If no, please p	print N/A on Page 2.)			
l certify under pena land-use approvals	alty of perjury, that all on the contract approvals, I	of the information prov and sales, leases or e	ided herein is current, xchanges without the	complete, and completed disc	d accurate. I also understa closure form.	and that the Board will n	ot take action on		
99770			Jim Mason						
Signature			Print Name						
President			4/4/2024						
Title			Date						

DISCLOSURE OF RELATIONSHIP

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

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	• 4 1 sec.	.44	
	2		
			, 4
	-		
"To the second degree of of follows: • Spouse – Registere	ship by blood. "Affinity" is a rel consanguinity" applies to the d Domestic Partners – Childrei alf-Brothers/Half-Sisters – Gra	candidate's first and second	gr ee)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folk	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	utive		