DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

| Business Enti | ty Type (Pl | ease s | elect one) | | | | | |
|--|--|---|--|--|--|---|--|--|
| Sole Proprietorship | Partnership | | ✓ Limited Liability Company | , Corporation | Trust | Non-Profit Organization | Other | |
| Business Des | ignation Gr | oup (| Please select | all that apply) | | | • | |
| MBE | WBE | | SBE | PBE | VET | DVET | ESB | |
| Minority Business Enterprise | s Women-Owned Business Enterprise | | Small Business Enterprise | Physically Challenged Business Enterprise | Veteran Owned Business | Disabled Veteran Owned Business | Emerging Small Business | |
| Number of Cl | | ******* | MARIA | The second secon | | | Uddi 1035 | |
| | - | | in traditions | impioyea. | | | | |
| Business Information: Corporate/Business Entity Name: | | GILLIG, LLC | | | | | | |
| (Include d.b.a., if applicable) | | N/A | | | | | | |
| Street Address: | | 451 Discovery Drive Website: www.gillig.c | | | | | | |
| City, State and Zip Code: | | Livermore, CA 94551 | | | | POC Name: William F. Fay, JR | | |
| Telephone No: | | (800) 735-1500 | | | | POC Email; Sales@gillig.com | | |
| | la la constitución de la constit | | | | ************** | Fax No: (510) 785-6819 | | |
| Nevada Local Stree | Nevada Local Street Address: | | | | | Website: | | |
| (If different from a | bove) | N/A | | | Local POC N | Local POC Name: | | |
| City, State and Zig | Code: | | ************************************* | | Local POC E | Local POC Email: | | |
| Local Telephone No: | | | | Local Fax N | Local Fax No: | | | |
| corporations, close | l business associ corporations, fo Full Name | atlons or reign co | rporations, limited | | Nevada Revised St ierships, limited pa Title | rtnerships, and profe | not limited to private essional corporations. % Owned of required for Publicly Traded protons/Non-profit organizations) | |
| N/A | | | Annonember de des descripciones de la companya del companya de la companya de la companya del companya de la co | V/A | | N/A | *************************************** | |
| | | | | tions. Are you a publi | · · | 1 1 | , | |
| Yes | No (I | ark Cour f yes, pl rofession | ity Water Reclamat lease note that Co al service contracts | pals, involved in the bustion District full-time employee(s), or a bunty employee(s), or a s, or other contracts, whi | oloyee(s), or appoi appointed/elected alch are not subject | nted/elected official(official(s) may not p to competitive bid.) | s)? perform any work on | |
| nair-protner/r | Reclamation Dis | child, gra strict full | andparent, related Alme employee(s), | is have a spouse, registe I to a Clark County, Dep or appointed/elected off Disclosure of Relationshi | artment of Aviation ficial(s)? | n, Clark County Dete | ention Center or Clark | |
| Will fill take all lui | alty of periury, on land-use app | royals | the information property the information property that is a second contract approvals, | provided herein is current land sales, leases or exc William F. Fa | changes without th | ccurate. I also unde e completed disclosu | rstand that the Board ire form. | |
| Signature VVVV Vice President, Sa | es | | | Print Name | | , | The state of the s | |
| Title | and the second s | | مدينه ما المناسبة المراجع والمراجع المراجع المراجع المراجع المراجع المراجع والمراجع المراجع ال | June 2, 2025 Date | | | | |

DISCLOSURE OF OWNERSHIP / PRINCIPALS FORM

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 |
| | · | | · |
| | | | |
| | | | |
| | | | |

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

| | Inty Use Only: losure 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 ageni item? |
| Yes | No Is the County employee(s) noted above involved in anyway with the business in performance of the contract? |
| lotes/Com | |
| | |
| | |
| ignature | |
| rint Name | |
| ASSESSED AND A SECOND OF THE S | Department Representative |

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

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

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

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