DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	ne /Piease select	one)						
C Sala	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designat	on Group (Pleas	e select all that apply)					
MBE	□WBE	SBE	PBE		VET	DVET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business		
Number of Cla	rk County No	evada Residents	Employed:			31		
Corporate/Business Entity Name:		L.L.O. Inc.						
(Include d.b.a., if applicable)		Acme Electric						
Street Address:		6600 Amelia Earhart Ct., Suite B			Website: www.nclasvegas.com/ACME			
City, State and Zip Code:		Las Vegas, Nevada 89119			POC Name: Mark Urban Email: murban@nclasvegas.com			
Telephone No:		702-876-1116			Fax No: 702-642-9876			
Nevada Local Stree	t Address:	same as above			Website:			
(If different from at	ove)							
City, State and Zip	Code:				Local Fax No:			
Local Telephone N	0:				Local POC Name: Email:			
Entities include all be close corporations, fo	usiness association reign corporations, Full Name	es organized under or go limited liability companie	ovemed by Title 7 o es, partnerships, lim	f the Nevada ited partnersh Title	Revised Statutes, inclu hips, and professional co	% Own	ed	
						(Not required for Publicly Traded Corporations/Non-profit organizations)		
Greg J. Paulk			President		74%			
Brady W. Stevens			Secretary/ Treasurer		11.5%			
Are any individue Center or Clark Yes Do any individue sister, grandchi full-time employ Yes Yes	al members, partnicounty Water Record Inc. No (If contains a members, partnicological grandparent, recee(s), or appointed Inc. No (If periury, that all	lamation District full-time yes, please note that Contracts, or other contracters, or other contracters, owners or principals elated to a Clark County, d/elected official(s)?	s, involved in the buse employee(s), or an ounty employee(s), or an ounty employee(s), its, which are not sugar have a spouse, re, Department of Aviene Disclosure of Releaded herein is current	siness entity, pointed/elect or appointed/ bject to comp gistered dom ation, Clark C ationship fom t, complete, a completed d	a Clark County, Departred official(s)? elected official(s) may notitive bid.) estic partner, child, parecounty Detention Center n on Page 2. If no, plea	es No ment of Aviation, Clark Cou tot perform any work on pr ent, in-law or brother/sister or Clark County Water Re se print N/A on Page 2.) erstand that the Board will	ofessional service , half-brother/half- clamation District	
President	J		October 7	, 2021				
			Date					

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
	N	/A	

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- 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 employee(s) noted above involved in any way with the business in performance of the contract?
Notes/Comments:
Signature
Print Name

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

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

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