DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Typ	ne (Please selec	t one)								
		T	nited Liability	T_	-		Non-Profit			
Proprietorship	Partnership	Comp		12	Corporation	Trust	Organization	_	Other	
Business Designati	on Group (Pleas	se select	all that appl	ly)	r					
□мве	WBE		SBE		□PBE		□VET	□DVET □ESB		□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		mall Business interprise	s	Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
					***************************************	100				
Number of Cla	rk County No	evada	Resident	s E	mployed:	14				
Corporate/Business	Entity Name:	Taylor I	International	Corp						-
(Include d.b.a., if ap	plicable)		•							
Street Address:		8804 S	panish Ridge	Ave	nue	,	Vebsite:			•
City, State and Zip C	Code:	Las '	as Vegas, NV 89148 Poc Name: Jorge Arroyo Email: jorge@taylor-usa.com							
Telephone No:		702-734	702-734-6871				ax No: ⁷⁰²⁻⁷³²⁻¹⁶⁸⁷	,		
Nevada Local Street	Fax No;									
(If different from abo						'	Vebsite:			
City, State and Zip	Code:						ocal Fax No:	-		
		Local POC Name:								
Local Telephone No	:			1		Email:				
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DISCLOSURE OF RELATIONSHIP

List	any	disc	losures	below:
(Mark	N/A	if not	applicable	le.)

N/A

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

[&]quot;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 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 Authorized Department Representative
Additionable Department Representative