DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Entity Ty	pe (Please select	one)							
Sole Proprietorship	Partnership	Limited Liability Company	☐ Corporation	☐ Trust	Organization Non-F	Profit	☐ Other		
Business Designat	ion Group (Pleas	e select all that apply)	NOT APPLICA	ABLE				-	
☐ MBE	□WBE	☐ SBE	☐ PBE		☐ VET		VET	☐ ESB	
Minority Business Women-Owned Business Enterprise		Small Business Enterprise	Physically Challeng Business Enterprise		Veteran Owned Business	d Disabled Veteran Owned Business		Emerging Small Business	
Number of Clark County Nevada Residents Employed: 54									
Corporate/Busines	s Entity Name:	Tre Barnen LLC dba							
(include d.b.a., if applicable)		Red Star Fence Company							
Street Address:			ve Website: www.reds			tarfence.com			
City, State and Zip Code:		Las Vegas, NV 89118			POC Name: Gregory McWilliams Email: gregory@redstarfence.com				
Telephone No:		702-733-7827			Fax No: 702-910-3699				
Nevada Local Stre	et Address:				Website:				
(If different from a	(If different from above) SAME AS AB			SAN			: AS ABOVE		
City, State and Zip Code:				Local Fax No:					
					Local POC Name:				
Local Telephone N	lo:				Email:				
Entities include all be close corporations, for	usiness associations preign corporations,	s organized under or gove limited liability companies	erned by Title 7 of s, partnerships, lir	the Nevada nited partner	Revised Statutes, includionships, and professional control	ng but i orporat	not limited to priva ions.	te corporations,	
Full Name			Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Jelindo A. Tiber	ti II		Managing Member			10%			
J. Angelo Tiberti III			Member			30%			
Courtney Tiberti-Forgey			Member				30%		
Elisa Tiberti-Rowe Member 30%									
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?									
sister, grandch	ual members, partne ild, grandparent, rel yee(s), or appointed	lated to a Clark County, D	ave a spouse, reg epartment of Avia	istered dome ition, Clark C	estic partner, child, parent ounty Detention Center of	, in-law r Clark	or brother/sister, County Water Rec	half-brother/half- damation District	
☐ Yes	⊠ No (If	yes, please complete the	Disclosure of Re	elationship fo	rm on Page 2. If no, plea	se prin	t N/A on Page 2.)		
I certify under penals on land-use approva	ty of perjury, that all als, contract approve	of the information provide ils, land sales, leases or e	ed herein is curre exchanges withou	nt, complete, it the comple	and accurate. I also unde ted disclosure form.	erstand	I that the Board wi	Il not take action	
Signature Alinds Tilrett Jelindo A Tiberti II Print Name									
Managing Member 11/19/2021									
Managing Memb	er		11/19/	/2021					

DISCLOSURE OF RELATIONSHIP

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

Print Name

Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NONE			
Reclamation District. "Consanguinity" is a relation "To the second degree of col	ship by blood. "Affinity" is a re	elationship by marriage.	n Center or Clark County Water ree of blood relatives as follows:
	lalf-Brothers/Half-Sisters – Gr		
For County Use Only:			
-	noted above, please complete the fo	llowing:	
	nployee(s) noted above involved in th		
Yes No Is the County en	nployee(s) noted above involved in ar	ny way with the business in performa	nce of the contract?
Notes/Comments:			
Signature			