Bus	iness Entity	Тур	e (Please select						-					
Prop	Sole prietorship	□F	Partnership	Liab	imited ility Company		Corporation	☐ Trust		n-Profit nization		☐ Other		
Bus	iness Desig	nati	on Group (Pleas	e sel	ect all that appl	ly)								
	MBE		□ WBE		SBE		☐ PBE		□ VE1		DVET		☐ ESB	
	ority Busines erpnse	5	Women-Owned Business Enterprise	- Injuicing the second						abled Veteran ned Business	Emerging Small Business			
Nu	mber of (Cla	rk County N	evad	da Resident	ts E	mployed:	19						
Cor	porate/Busi	nes	Entity Name:	Li	berty Wellne	ess	Outpatient	Counsli	ng Cent	er II LLC				
	dude d.b.a.,													
	eet Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	153	3 Ravanusa	Dr	ive	v	/ebsite:					
	, State and		Code:	Не	nderson, N	V 8	9052	Р		: Jennifer jennifer.r		ss unirainnv.co	om	
Tel	ephone No:			702	2-332-3228			F	ax No:					
Nev	rada Local S	tree	t Address:					v	/ebsite:					
	ifferent from													
Cit	y, State and	Zip	Code:					L	ocal Fax I	ło:				
		-						L	ocal POC	Name:				
Loc	al Telephon	e No) :					E	mail:					
			siness association eign corporations, Full Name								poration	ot limited to privations % Owned I required for Pub	,	
Mai	dCar LLC				C	าเพต	er/Partner					rations/Non-profit		
	xel LLC)wner/Partner			25%					
	nal Invest	me	nts. Inc	- Char	y way		wner/Partner				25%			
_	ST4TODA	_)wn	wner/Partner			······································	10%			
<i>This</i> 1.	Are any indicenter or Cl Yes Do any Indiv	vidua ark (County Water Rec	ers, ov lamati yes, j rvice o	vners or principals on District full-time please note that I contracts, or other ners or principals I	s, inv e em Coun r cont	olved in the bus ployee(s), or ap ity employee(s) racts, which are a spouse, regis	siness entity pointed/ele i, or appoin e not subject	, a Clark C cted official ted/elected t to compet stic partner	ounty, Departm (s)? official(s) may titive bid.) ; child, parent, ii	not pe	No Aviation, Clark Co erform any work of or brother/sister, he ounty Water Reck	on professional	
			e(s), or appointed	/electe					-			•	arrowers arrows	
			of perjury, that all contract approval								stand t	hat the Board will	not take action	
_	#		$\overline{}$				Jennifer Mo	orss						
P	alurė					-	Print Name	-100					- WARRANCE AND A STATE OF THE S	
Owr	ner/Partne	r			MANAGEMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASS	_	1/09/2021 Date		Account to the second second			- 4400000000000000000000000000000000000		
						_								

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
		/	
	AP	/	

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

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- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

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If any Disclosure of Relationship is noted above, please complete the following:
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☐ 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

^{*} 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.

Business Entity	Type (Please se	lect one)								
Sole Proprietorship	Partnership		Limited Liability mpany	Corpor	ration	Trust	Non-Profit Organization		Other		
Business Desig	nation Group (P	ease sel	ect all that apply)							
MBE	□WBE		SBE	BE PBE VET DVET				DVET	□ESB		
Minority Business Enterprise						nallenged erprise	Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business	
Number of 0	Clark County	Neva	da Residents	Employ	/ed:			0			
Corporate/Busin	ness Entity Nam	: Ma	dCar LLC								
(Include d.b.a., i											
Street Address:		153	3 Ravanusa Driv	/e		w	ebsite:				
City, State and 2	Zip Code:	Her	nderson, NV 890	52			OC Name: Jennifer N		ahoo com		
Telephone No:		702	-332-3228				nail: morss.jeni ax No:				
						7					
Nevada Local St						**	ebsite:				
City, State and						1.	ocal Fax No:				
Oity, State and	Zip Code.			Local POC Name:							
Local Telephone No:							nail:				
							Revised Statutes, incluips, and professional co	orporation		d	
					au/Danka au			Corporations/Non-profit organizations)			
Jennifer Morss					vner/Partner vner/Partner			50%			
Kevin Morss				wner/Parin	ier			50%			
1. Are any indi	vidual members, p	artners, o	ded corporations. wners or principals, on District full-time	involved in t	the busi	iness entity, a	Clark County, Departm		No viation, Clark Cou	nty Detention	
Yes	No		please note that Co s, or other contract				lected official(s) may netitive bid.)	ot perfor	m any work on pro	fessional service	
sister, grand		related	to a Clark County,				stic partner, child, pare ounty Detention Center				
Yes	✓ No	(If yes, p	please complete the	e Disclosure	of Rela	tionship form	on Page 2. If no, pleas	se print N	I/A on Page 2.)		
			information provide ales, leases or exc				d accurate. I also unde closure form.	erstand th	nat the Board will n	ot take action on	
Jennifer Mors		igned by Jenr 1.11.30 19:47		Jennife	er Mors	ss					
Cinnatus				Print N	lame						
Signature					ianie						
Owner/Partner Title				11/30/2 Date							

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						
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For County Use Only:						
	noted above, please complete the follo ployee(s) noted above involved in the		narticular agenda item?			
Willy see 1	ployee(s) noted above involved in any	•				
Notes/Comments:						
Signature						
Print Name Authorized Department Representa	tive					

,,			DISCLOSU	RE OF OWN	NERSH	IP/PRINCIPAL	.S					
Business Ent	ty Ty	oe (Please select	one)			make killer or or or or	PHYTTOS CONTROL CONTROL CONTROL CONTROL					
Sole Proprietorship	_	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other					
Business Des	ignati	on Group (Pleas	select all that apply	1)								
☐ MBE_		□wbe	SBE	□PBE		□VET □OVET □ESE						
Minority Busin Enterprise	ess	Women-Owned Business Enterprise	Small Business Enterprise	Physically Cl Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business				
			Million Million	#000E111###\$00###	**************************************							
Number o	Cla	rk County Ne	vada Residents	Employed:	O'	- 19 M. Carlotte Statement and American and American Amer	der restaurant des constructivos propriedes desprová	www.defeaton-western restations/defeater-western western re-				
Corporate/Bu	sines	Entity Name:	Pipxel									
(Include d.b.a	., if ap	plicable)	4040011					Type Managory proposition is				
Street Addres	s:		10493 Linnington	Court	V	Vebsite:						
City, State an	d Zip (Code:	Las Vegas NV 891	135	1	OC Name: Joe@d	giv-exp.com					
Telephone No	:		702-630-6767		F	ax No:						
Nevada Local					V	Vebsite:						
(If different fro												
City, State an	a Zip	Code:				ocal Fax No:						
Local Telephone No: Local POC Name: Email:												
Publicly-traded ownership or fin Entitles include	in the entiti encial i all bus	business entity applies and non-profit interest. The disclosioness associations	searing before the Boen torganizations shall sure requirement, as ap organized under or go	Ist all Corporate plied to land-use ep- verned by Title 7 of	Officers ar plications, ex the Nevada	nd Directors in lieu of c	no but not limited to nriva	Individuals with				
0000 00 900 000		Full Name	med lability companies	9, por 2 to 0 i i po, 21111;	Title	npa, am promaaning cur	% Owned	ı				
Joseph DIRa	iffaele	,		President			(Not required for Publicly Traded Corporations/Non-profit organizations) 100%					
	-		traded corporations.			Toronto.	V No					
1. Are any Inc. Center or C	ividual lark Co	ounty Water Reclan	nation District full-time	imployee(s), or app	ointed/electe	ed official(s)?	nt of Aviation, Clark Coun	•				
Yes		No (If ye contr	s, please note that Cou acts, or other contracts	nty employee(s), or , which are not subj	appointed/e ect to compe	elected official(s) may not etitive bid.)	perform any work on prof	essional service				
sister, gran	dchild.	members, partners grandparent, relat (s), or appointed/el	ed to a Clark County, D	ave a spouse, regis repartment of Aviati	stered dome on, Clark Co	etic partner, child, parent, punty Detention Center or	, in-law or brother/sister, t Clark County Water Rec	alf-brother/half- amation District				
Yes		No (If ye	s, please complete the	Disclosure of Relati	onship form	on Page 2. If no, please	print N/A on Page 2.)					
l certify under per land-use approva	alty of	perjury, that all of t ract approvals, lan-	he Information provided I sales, leases or exch	f herein is current, o anges without the co	complete, ar	nd accurate. I also unders sclosure form.	tand that the Board will no	ot take action on				
Joseph D	i Ra,	ffaele		J	loseph Dil	Raffaele						
Signature		600		Print Name		A STATE OF THE PARTY OF THE PAR						
President				1	2-01-2021							
Title			Control Contro	Nata	on the special field in the second		- 170°c,	- Control Statement of the Control o				

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
Joseph DiRaffaele	n/a	n/a	n/a
			300.47.400
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Water Reclamation District. "Consanguinity" is a relation "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
	noted above, please complete the follo		
	ployee(s) noted above involved in the ployee(s) noted above involved in any		
Notes/Comments:	proyee(s) floted above involved in any	way with the business in performance	e of the contract?
Signature			

Busi	iness Entit	v Tvi	e (Please selec	t one)										
s			Partnership		Limited Liability	7	Corporation	Tru	ıst	Non-Profit Organization		Other		
Busi	iness Desi	nati	on Group (Pleas	e sel	ect all that apply))								
	ИВЕ		□wbe		SBE		□PBE			VET		OVET	□ESB	
	ority Busines rprise	SS	Women-Owned Business Enterprise	I	Small Business Enterprise		Physically Ch Business Ent		i	Veteran Owned Business		abled Veteran rned Business	Emerging Small Business	
Nu	mber of	Cla	rk County N	evac	da Residents	E	mployed:	O						
Corp	orate/Bus	ness	Entity Name:	Arer	nal Investments,	LL(C							
(Incl	ude d.b.a.,	if ap	plicable)	-										
Stre	et Address	:		-	Jones Blvd, Ste)1		We	ebsite: None				
City,	, State and	Zip (Code:	Las	Vegas, NV 8910	17			-	C Name: nail: kmckinleynv	@gma	ail.com		
Tele	phone No:			702	5284363				Fa	x No:				
Neva	ada Locai S	Stree	t Address:					Ť	We	ebsite:				
(If di	ifferent fro	n ab	ove)											
City	, State and	Zip	Code:						Lo	cal Fax No:				
						L			Lo	Local POC Name:				
Loca	al Telephor	ie No); 						Em	nail:				
owne Entit	ership or fina ties include	ncial all bu	interest. The disclesiness association	osure is orga	requirement, as apparate	plie verr	d to land-use ap ned by Title 7 of	plications the Neva	s, exte ada F	d Directors in lieu of cends to the applicant and Revised Statutes, includios, and professional corp	I the la	ndowner(s). not limited to prive ns. % Owne	ate corporations,	
Kevin	McKinley				Pr	President				(Not required for Publicly Traded Corporations/Non-profit organization				
													-	
This	Are any ind	ividu	al members, partno County Water Rec	ers, ov lamatio	on District full-time	inv em unty	olved in the busi ployee(s), or app y employee(s), o	ness ent oointed/e r appoint	ty, a lected	Clark County, Departmed official(s)?	nt of A			
2.	sister, gran	dchild		lated t	o a Clark County, I					etic partner, child, parent unty Detention Center or				
	Yes		✓ No (If	yes, p	lease complete the	Di	sclosure of Relat	tionship f	orm o	on Page 2. If no, please	print N	/A on Page 2.)		
					information provide ales, leases or exch					d accurate. I also unders closure form.	tand th	at the Board will n	ot take action on	
		_	7 _				Kevin McKinle	∍у						
Signa	ature	2	5				Print Name							
Presid	dent						11/30/2021							
Title							Date							

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

Signature

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
Kevin McKinley	N/A	N/A	N/A
Water Reclamation District. "Consanguinity" is a relation	Clark County, Department of ship by blood. "Affinity" is a rel	ationship by marriage.	
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first deg	gree)
Brothers/Sisters F	lalf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
	ployee(s) noted above involved in any	way with the business in performant	e of the contract?
Notes/Comments:			

Business Entity Tu	na /Dinana salaat	000					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Business Entity Ty	pe (Please select	T									
Sole Proprietorship	Partnership		imited Liability	Corporation	☐ Tru	ıst	☐ Non-Profit Organization		☐ Other		
Business Designati	ion Group (Pleas	e sele	ct all that apply)	14,1(7)4							
MBE	WBE		SBE	PBE		-	VET		DVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise	Physically Ch Business Ent			Veteran Owned Business		sabled Veteran wned Business	Emerging Small Business	
Number of Cla	rk County No	evad	a Residents	Employed:				0			
Corporate/Business	s Entity Name:	Just	4Today LLC								
(Include d.b.a., if ap											
Street Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1309	Lundgren Ct.			Wa	bsite:				
City, State and Zip	Code:	Hen	derson, Nv. 8900)2		РО	C Name: Ryan Tuci		ail com		
		702-	886-8795			Em		io@giii	aii.com		
Telephone No:		702-	000-0795			Fax	k No:	_			
Nevada Local Stree						We	bsite:				
(If different from ab											
City, State and Zip	Code:					Local Fax No:					
Local Telephone No	o:		Em			cal POC Name:					
Entities include all bu close corporations, for										ate corporations,	
	Full Name				Title				% Owne Not required for Pul porations/Non-profi	blicly Traded	
Ryan Tucker				Owner/Partner				50			
Nicole Tucker			Ov	Owner/Partner			50				
								<u></u>			
This section is not re			•			•		_	No		
	ai members, partne County Water Reci						Clark County, Departm Lofficial(s)?	ent of A	viation, Clark Cour	ty Detention	
Yes			ease note that Cou , or other contracts				ected official(s) may no itive bid.)	ot perfor	m any work on prof	fessional service	
sister, grandchild		ated to	a Clark County, D				tic partner, child, parer anty Detention Center				
Yes	□ No (If y	yes, pl	ease complete the	Disclosure of Rela	tionship fo	orm o	n Page 2. If no, pleas	e print N	I/A on Page 2.)		
l certify under penalty land-use approvals, co								rstand th	nat the Board will no	ot take action on	
21				Ryan Tucker							
Signature				Print Name							
Owner/Partner				11-30-2021							
Title				Date							

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