DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Type (Please select	t one)									
Sole Proprietorship	Partnership	Limited Liability	/ E	Corporation	Trust	Non-Profit Organization		Other			
Business Desig	nation Group (Pleas	e select all that ap	oly)								
✓ MBE	□WBE	□SBE				VET		DVET	ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ss	Physically Ch Business Ente				Emerging Small Business			
Number of Clark County Nevada Residents Employed: 13											
Corporate/Busin	ness Entity Name:	Acro Service Corp	Acro Service Corporation								
(Include d.b.a.,	f applicable)										
Street Address:		39209 W. Six Mile	Rd.,	Ste 250		Vebsite: www.acrocorp					
City, State and	Zip Code:	Livonia, MI 48152				POC Name: Leah Pelletier Email: lpelletier@acrocorp.com					
Telephone No:		505-797-2446			F	ax No: 734-591-1217					
Nevada Local S		200 S. Virginia, 8	Website: www.acroco			Vebsite: www.acrocorp					
(if different from		Reno, NV 89501				Local Paul Mar					
City, State and	Zip Code:	reno, NV 00001				Local Fax No: Local POC Name: Leah Pelletier					
Local Telephon	e No:	505-797-2446	Email:			A CONV (@					
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)								d blicly Traded			
Ravinder T. Shahani			President				100%				
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes ✓ No 1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?											
Yes (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)											
2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?											
Yes Vo (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)											
l certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.											
Chitra R. Sha	ahani Digitally signe	d by Chitra R. Shahani .21 15:10:35 -04'00'		Chitra R. Sha	ahani						
Signature				Print Name							
CFO				3.21.22							
Title				Date							

DISCLOSURE OF RELATIONSHIP

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

			11				
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							
* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District. "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 Representa	tive						

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)													
Sole Proprietorship		Partnership		Limited Liability mpany	1	Corporation	Trus	t	Non-Profit Organization		Other		
Business Designation Group (Please select all that apply)													
МВЕ		□WBE		SBE		PBE		_	☐ VET		OVET	□ESB	
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		- 1	Veteran Owned Business	Disabled Veteran Owned Business Emerging Sm Business		Emerging Small Business	
Number of Clark County Nevada Residents Employed: 150													
Comparato/Bug	lnoo	Entité Namo:	Mara	Marathon Staffing Group, Inc.									
Corporate/Bus													
(Include d.b.a.,		plicable)	16/	Westford Road	Road Suite 26 Website: www.marathonstaffing.com								
Street Address	s:		-		Website: William			C Name: Kendra Stric	rickland COO				
City, State and	Zin I	Code:	Tyngsboro, MA 01879			- 6		katriakland@		thonstaffing.com	,		
City, Cause and								Ema	Q111.	IIIaia	thonstalling.com		
Telephone No:			978.	.649.6230				Fax	No: 978.649.9906	-			
Nevada Local			678	5 Eastern Avenu	e S	Suite 2	Website: www.marathonstaffing.com						
City, State and			Las	Vegas, NV 8911	19			Loc	al Fax No:702.307.1	324	24		
City, State and	u zip	code.						Local POC Name: Damary Jacobs					
Local Telepho	ne N	o:	702	.307.1320	0			Email: djacobs@marathonstaffing.com					
Entitles include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title **Owned**													
Chris Panagiotopoulos				CEO and President				(Not required for Publicly Traded Corporations/Non-profit organizations) 100%					
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f93328af-a226-43f6 690a Signature	o-9218 10	999ab4 1 200 and by 1833th 4278-1824 and by 1833th 427	ANI SORBOLING ANI SORBOLING			Kendra J. St Print Name	rickland						
Chief Operatin	ıg Of	icer				3/22/2022							
	Title Date												

DISCLOSURE OF RELATIONSHIP

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

Notes/Comments:

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				
N/A	N/A	N/A	N/A				
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For County Use Only:							
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Yes No Is the County er	nployee(s) noted above involved in an	y way with the business in performan	ce of the contract?				