DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)										
	Partnership	Limited Liability	☐ Corporation	Trus	t Organization Non-	Profit _] Other			
Business Designation Group (Please select all that apply)										
☐ MBE	☐ M8E ☐ WBE		☐ PBE		☐ VET	□DVET		□ ESB		
Minority Business Enterprise Women-Owned Business Enterprise		Small Business Enterprise	Physically Challenge Business Enterprise		d Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business		
Number of C	ark County No	vada Residents Employed: 34								
Corporate/Business Entity Name:		HIGHWAY STRIPING & SIGNS LLC								
(include d.b.a., if	applicable)									
Street Address:	Street Address:		3425 Bunkerhill Dr			Website: N/A				
City, State and Zip Code:		North Las Vegas, NV 89032			POC Name: James Redensek Email:jamesr@highwaystriping.net					
Telephone No:		702 595-4452			Fax No: 702 646-9196					
Nevada Local Street Address:				,	Website:					
	(if different from above)									
City, State and Zip Code:						ocal Fax No:				
Local Telephone	No:				Email:	all:				
All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board. Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s). Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations.										
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				% Owned {Not required for Publicly Traded Corporations/Non-profit organizations}						
Keith Bunl	ker		Managing Member			75.5%				
James Red	ensek		Operations Manager, 1			Member 24.5%				
This section is not	required for publicly	r-traded corporations. A	re you a publicly	-traded co	rporation?	⊠ No				
 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 No (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.)										
 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 👸 No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)										
I certify under panalty 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.										
Signature Berta Guzman Print Name										
Contract Administrator 7/26/2022										
Contract /	aministrato) L	Date	20/202	. 4			_		

DISCLOSURE OF RELATIONSHIP

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

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					
Water Reclamation District.	Clark County, Department of ship by blood. "Affinity" is a rel		ntion Center or Clark County					
			degree of blood relatives as					
Spouse – Registered	d Domestic Partners – Children	n – Parents – In-laws (first deg	gree)					
Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)								
For County Use Only:								
	noted above, please complete the follo	owing:						
Yes No Is the County emp	pioyee(s) noted above involved in the	contracting/selection process for this	particular agenda item?					
Yes No Is the County employees Notes/Comments:	ployee(s) noted above involved in алу	way with the business in performance	e of the contract?					
Notes/Comments.								
Signature								