DISCLOSURE OF OWNERSHIP/PRINCIPALS

						/	711 7120		
Business Entity Ty	pe (Please selec	t one)	<u></u>						
Sole Proprietorship	Partnership	Cor	Limited Liability mpany	Corporation	Trus	st		Other	
Business Designat	ion Group (Pleas	e sele	ect all that apply)		1101			
✓ MBE	₩BE		☑ SBE	□PBE		□ VET		OVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	J	Small Business Enterprise	Physically C Business En		Veteran Ov Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County N	evad	la Residents	Employed:			17		
Cornerate/Business	a Entitu Name:	Appl	e Grove Treatme	ent Center I I C I	DBA Annie	e Grove Foster	Care Agency		
Corporate/Busines			0 01010 1100(11)	on como Eco	эвилири	010401 00101	Oalo Agency		
(Include d.b.a., if a	oplicable)	3155	E. Patrick Lane	Suite 1			applagenuefeete		
Street Address:		-	Vegas, NV 8912				.applegrovefoste	rcare.com	
City, State and Zip	Code:	Luo	vogas, 117 0012			POC Name:			
						Email:			
Telephone No:		702-	992-0576			Fax No; 702-99	92-0391		
Nevada Local Stree		NA				Website:			
(If different from ab					-				
City, State and Zip	Code:					Local Fax No:			
Local Telephone N	D:					Local POC Nai Email:	me:		
Publicly-traded entit ownership or financial Entitles include all bu- close corporations, for	Interest, The disclosiness association	sure re s organ	equirement, as app nized under or gov	olied to land-use ap verned by Title 7 o	oplications, f the Nevac	extends to the ap ta Revised Statut	oplicant and the lar tes, including but r	ndowner(s). not limited to privat s.	le corporations,
	- Gir tvariio		_		11110		Corpo	% Owned ot required for Pub prations/Non-profit	licly Traded
Icia Reid-Sandulak		_		ecutive Director			50%		- 11.12
Jason Sandulak			Bil	ling Specialist			50%		
This section is not re	quired for publici	y-trade	ed corporations.	Are you a publici	y-traded co	orporation?	Yes 🗸	No	
Are any Individual Center or Clark 6	al members, partne County Water Reck	rs, owr amation	ners or principals, i n District full-time e	nvolved in the bus employee(s), or ap	iness entity pointed/elec	, a Clark County, cted official(s)?	Department of Avi	ation, Clark Count	y Detention
Yes	No (If y	yes, ple stracts,	ease note that Cou or other contracts	nty employee(s), o , which are not sub	or appointed eject to com	d/elected official(s petitive bid.)	s) may not perform	any work on profe	ssional service
sister, grandchild	l members, partne l, grandparent, rel: e(s), or appointed/	ated to	a Clark County, D	ave a spouse, reg epartment of Avia	istered don tion, Clark (nestic partner, ch County Detention	niid, parent, in-law o n Center or Clark C	or brother/sister, ha ounty Water Recia	alf-brother/half- mation District
Yes	☑ No ⟨If⟩	es, ple	ease complete the	Disclosure of Rela	tionship for	m on Page 2. If r	no, please print N/A	on Page 2.)	
I certify under penalty land-use approvals, co	of perjury, that all o ptract approvals, la	f the in and sale	iformation provided es, leases or excha	anges without the o	completed o	and accurate. I al	lso understand tha	t the Board will not	take action on
Signature				Icla Reid-San Print Name	dulak				
1									
Executive Director				10/27/2021					- 18
Title				Date					

DISCLOSURE OF RELATIONSHIP

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
NA			
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a rei consanguinity" applies to the d Domestic Partners – Childrei alf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first deg	
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representat	ilve		

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Type	/Diggs salast	anal					THE TANKS OF THE			
Sole				1.5		-1-		Printers .		1	
Proprietorship		rtnership	Cor	Limited Liability npany	Corporation	n []	rust	Non-Profit Organization		Other	
Business Desig	nation	Group (Pleas	e sele	ect all that apply)						
✓ MBE		WBE		SBE	PBE			□VET		DVET	□ESB
Minority Busines Enterprise	В	Vomen-Owned usiness interprise		Small Business Enterprise	Physically Business I			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of 0	Clark	County Ne	vád	a Residents	Employed				13		
		- Sunty I've	Tuc	u ivosiusiits	Limpioyeu				19		
Corporate/Busin	ness F	ntity Name	The	Center for Chan	ae, LLC						
(Include d.b.a.,				ess Healthcare	3-,						
Street Address:		oubic)		S. Cimarron Ro	i. Ste 210		144	ebsite: www.ahconv	iaam		
					0.0 2 10			obsite: www.ancom		-	
City, State and 2	Zip Çoc	le:	Las	Vegas, NV 8911	3			nail: drihomps		onv.com	
Telephone No:			702-	368-2380			Fa	x No: 702-442-7455	i		
Nevada Local S	treet A	ddress:					We	ebsite:			
(if different from	above)									
City, State and	Zip Co	de:					Lo	cal Fax No:			
Local Telephone	e No:						Lo	cal POC Name:			
							En	nail:			
Entitles include al	l busine	ss associations	oroar	lized under or nov	erned by Title 7	ahbiicario	ıs, exu	I Directors in lieu of ends to the applicant a revised Statutes, incluss, and professional co	nd the lar	idowner(s).	
	Fuj	l Name				Title			.71	% Owned	
Morgan Lee-Rodi	dauez			Dir	ector of Health	icaro Ad	minlef	ration	Corpo	ot required for Pub rations/Non-profit	licly Traded organizations)
Emesto Rodrigue	-	-			ector of Neuro				30		
Myra Thompson					ector of Clinic			1000	25		
	777						-		25		
Yes 2. Do any indivisister, grande	idual me irk Cour Z dual me hild, gra	embers, partner ity Water Reclai No (If ye cont embers, partners andparent, relat or appointed/e	s, own matter es, ple racts, s, own ted to lected	ners or principals, in District full-time a ease note that Cou- or other contracts, ers or principals h a Clark County, D official(s)?	nvolved in the but mployee(s), or a nty employee(s), which are not so ave a spouse, re epartment of Av	ppointed/ or appointed/ or appointed to consider to co	tity, a (elected nted/ele ompeti domest rk Gou	Clark County, Departm official(s)?	nent of Avi	ation, Clark Count any work on profe or brother/sister, had ounty Water Recis	ssional service
I certify under pena land-use approvals	ity of pe , contra	erjury, that all of ct approvals, lar	the in	formation provided es, leases or excha	herein is currer unges without the	t, comple complete	e, and ed disc	accurate. I also under losure form.	stand that	the Board will not	take action on
M.M.M.	us				Myra Thom	oson					
	1				Print Name						
Director of Clinica Title	l Servic	oes			10/15/2021 Date						

DISCLOSURE OF RELATIONSHIP

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'
OWNERPRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
		-	
33			
The first of the f	Clark County, Department of ship by blood. "Affinity" is a rela		ntion Center or Clark County
Consanguinity" is a relations to the second degree of contracts.		ationship by marriage.	
Consanguinity" is a relations To the second degree of collows:	ship by blood. "Affinity" is a rela	ationship by marriage. candidate's first and second	degree of blood relatives as
Consanguinity" is a relations To the second degree of o follows: Spouse – Registered	ship by blood. "Affinity" is a relations	ationship by marriage. candidate's first and second — Parents – In-laws (first deg	degree of blood relatives as
Consanguinity" is a relations o the second degree of collows: Spouse – Registered Brothers/Sisters – Ha	ship by blood. "Affinity" is a relationsanguinity" applies to the of Domestic Partners – Children	ationship by marriage. candidate's first and second — Parents – In-laws (first deg	degree of blood relatives as
Consanguinity" is a relations to the second degree of collows: Spouse – Registered Brothers/Sisters – Ha	ship by blood. "Affinity" is a relationsanguinity" applies to the of Domestic Partners – Children	ationship by marriage. candidate's first and second - Parents - In-laws (first deg	degree of blood relatives as
Consanguinity" is a relations To the second degree of coollows: Spouse – Registered Brothers/Sisters – Harder County Use Only: any Disclosure of Relationship is not seen and seen are county emp	ship by blood. "Affinity" is a relationsanguinity" applies to the consanguinity" applies to the consanguinity applies to the consanguinity.	ationship by marriage. candidate's first and second — Parents — In-laws (first deg adchildren — Grandparents — I	degree of blood relatives as ree) n-laws (second degree) particular agenda item?

Signature

Print Name Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS Business Entity Type (Please select one) Limited Liability Non-Profit Sole Proprietorship Other Trust Partnership Corporation Organization Company Business Designation Group (Please select all that apply) ☐ ESB □ VET DVET MBE □ WBE SBE PBE **Emerging Small** Disabled Veteran Minority Business Physically Challenged Veteran Owned Women-Owned Small Business Business Owned Business Enterprise Business Enterprise **Business Enterprise** Business Enterprise Number of Clark County Nevada Residents Employed: Services LLC Shining Star Community Corporate/Business Entity Name: (include d.b.a., if applicable) 4580 S. Eastern he Bwebsite: www. Spiningstan LV. com Street Address: POC Name: Dlana Wade City, State and Zip Code: Lasveno, N 89119 BURGYADIE ACC. COM Email: 702-882-6241 702-940-6241 Telephone No: Fax No: Nevada Local Street Address: Website: NA (If different from above) City, State and Zip Code: Local Fax No: Local POC Name: Local Telephone No: Emall: 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 entitles 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 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) Diana Wade This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes 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)? (If yes, please note that County employee(s) or appointed/elected official(s) may not perform any work on professional service Yes No. 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 Y 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 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 provides land sales leases or exchanges without the completed disclosure form Signature CED Managing Mayber

DISCLOSURE OF RELATIONSHIP

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S
		EIII EO I ELFOI (IOIAL	DEPARTMENT
ator regularization pistrict.	Clark County, Department of ship by blood. "Affinity" is a rela		ntion Center or Clark County
consanguinity" is a relations of the second degree of o	Clark County, Department of ship by blood. "Affinity" is a relationsanguinity" applies to the o	ationship by marriage.	
Consanguinity" is a relations to the second degree of collows:	ship by blood. "Affinity" is a rela	ationship by marriage. candidate's first and second	degree of blood relatives as
Consanguinity" is a relations of the second degree of degrees of Spouse - Registered	ship by blood. "Affinity" is a release	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Consanguinity" is a relations of the second degree of degrees Spouse – Registered Brothers/Sisters – Ha	ship by blood. "Affinity" is a relacensanguinity" applies to the of Domestic Partners – Children	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Consanguinity" is a relations To the second degree of decidence Spouse – Registered Brothers/Sisters – Ha	ship by blood. "Affinity" is a relacensanguinity" applies to the of Domestic Partners – Children	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg ndchildren – Grandparents – I	degree of blood relatives as
Consanguinity" is a relations To the second degree of d	ship by blood. "Affinity" is a relationsanguinity" applies to the did Domestic Partners – Children alf-Brothers/Half-Sisters – Grandeted above, please complete the follow	ationship by marriage. candidate's first and second - Parents – In-laws (first deg ndchildren – Grandparents – I	degree of blood relatives as ree) n-laws (second degree)
Consanguinity" is a relations To the second degree of decidence Spouse – Registered Brothers/Sisters – Have a county Use Only: any Disclosure of Relationship is not see the County emp	ship by blood. "Affinity" is a relationsanguinity" applies to the disconsanguinity" applies to the disconsanguinity" applies to the disconsanguinity" applies to the disconsanguinity applies to the disconsanguinity.	ationship by marriage. candidate's first and second — Parents – In-laws (first deg ndchildren – Grandparents – I	degree of blood relatives as ree) n-laws (second degree) particular agenda item?

Print Name Authorized Department Representative