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Number of Cl	ark County N	evac	la Residents	E	mpłoyed:				None	9 311	under
Corporate/Businer	ss Entity Name:	Navi	itus Health Solui	tions	s, LLC				- may below		
(Include d.b.a., If a	The Co. 1177	1									-
Street Address:	ppirousia	361	Integrity Drive			Т.	Nebsite: WV	w.navitus.	.com		
City, State and Zip	Code:	-	ison, WI 53717	-	τη (γιδος	T I	OC Name:	David Mod	kert	/itus.com	
Telephone No:		608-	729-1627		F 7000		ax No: 608	-729-2627			
Nevada Local Stre	et Address:	N/A					Yebsite:				
if different from a	pove)										
City, State and Zip	Code:					1	ocal Fax N	o:			
Local Telephone N	o:					L	ocal POC I	Name:			
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ostco Wholesale C	orporation		N/	A		19/1	mang ingganitis - https://www.	*******	35%	- Indian	
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certify under penalty and-use approvals, co liginature	of perjury, that all o	f the in	formation provide	hei	ein is current, c is without the co eAnn Williams Print Name	omplete, ar impleted dis	d accurate.	l also unden			take action on
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List	any	disclo	sures	below:
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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
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* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
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To the second degree of collows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	1 Domestic Partners – Children	ı – Parents – In-laws (first deç	gree)
Brothers/Sisters Ha	alf-Brothers/Half-Sisters – Grad	ndchildren – Grandparents –	in-laws (second degree)
For County Use Only:			
f any Disclosure of Relationship is n	oted above, please complete the follo	wing:	
Yes No Is the County emp	ployee(s) noted above involved in the	ontracting/selection process for this	particular agenda item?
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Notes/Comments:			
Signature			

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Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	
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Corporate/Business	s Entity Name:	Costco Wholesale C	orporation		0.1 mm + m	terror 6 March 1970 of 6 Summaring the personal region in the Scheduler form	And the first of t
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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
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"To the second degree of collows:	onsanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	Domestic Partners – Children	ı – Parents – In-laws (first deg	gree)
Brothers/Sisters Ha	alf-Brothers/Half-Sisters – Gran	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is no	oted above, please complete the follow	wing:	
Yes No is the County emp	loyee(s) noted above involved in the o	contracting/selection process for this	particular agenda item?
Yes No is the County empl	loyee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature	Complete control of the Complete Comple		

#### OFFICERS OF COSTCO WHOLESALE CORPORATION

Walter Craig Jelinek, CEO
Roland Vachris, President
Richard Galanti, Executive Vice President
Richard Stephens, Senior Vice President
John Sullivan, Executive Vice President/Secretary
Gail Tsuboi, Assistant Vice President/Assistant Secretary

Business Entity Ty	oo (Please selec	t one)								
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Proprietorship	Partnership	Company		Corporation	Trust	Organization		Other		
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#### 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
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* County employee means ( Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
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Business Designation	n Group (Pleas	e select all that apply	)				
MBE	WBE	☐ SBE	☐ PBE		□ VET	DOVET	ESB
,	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark	k County Ne	vada Residents					
(Include d b a If ann		Dean Health System	s, Inc.		The section		
(include d.b.a., if app Street Address:	ircabie)	1808 W. Belttine Hwy	<i>l</i> .	141			
Sueer Address.	N	Madison, WI 53713			absite:		
City, State and Zip Co	ode:				C Name:		
Telephone No:		608-729-1075			x No:		
Nevada Local Street	Address						
(If different from above	1852	N/A		We	obsite:		
City, State and Zip C	ode:			Lo	cal Fax No:		
Local Telephone No:				Lo	cal POC Name:		
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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			
	Constitution Const		
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"To the second degree of c follows:	ship by blood. "Affinity" is a rel consanguinity" applies to the a d Domestic Partners – Childrer	candidate's first and second	_
	alf-Brothers/Half-Sisters – Gra	,	•
For County Use Only:			
If any Disclosure of Relationship is n	oled above, please complete the follo	wing:	
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	General respective		
Print Name Authorized Department Representati			

Business Entity T	ype (Please sele	ct one)							
Sole Proprietorship	Partnership	Limited Liability Company	Cor	rporation	Trust	Non-Profit Organization		Other	
Business Designa	ation Group (Plea	se select all that appl	(עו						
MBE	□WBE	SBE		PBE		□ VET	Dov	ΈΤ	□ESB
Minority Business Enterprise	Women-Owne Business Enterprise	d Small Busines Enterprise		ysically Cha siness Ente		d Veteran Owned Disabled Veteran Owned Business			Emerging Small Business
Number of Cla	ark County N	levada Resident	s Empl	loyed:	***				
Corporate/Busines	es Entit. Name	FPP, Inc.							
(Include d.b.a., if a	ipplicable)	10101 Woodfield La	ana		- I			rateful market the second of the second	NET-MET WITH THE PROPERTY OF T
Street Address:	-	St. Louis, MO 6313				absite:			
City, State and Zip	Code:	,				OC Name:			
	Hos more was an incident	314-994-7800				all:			
Telephone No:		317-354-1000	ozea (K. C		Fa	x No:	-		
Nevada Local Stre (if different from a		N/A	:		We	absite:			
City, State and Zie	Code:				Lo	cal Fax No:			
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N/A			
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For County Use Only:		***************************************	
	noted above, please complete the follo	-	
_ <b>_</b>	ployee(s) noted above involved in the		•
	ployee(s) noted above involved in any	way with the business in performand	e of the contract?
Notes/Comments:			
Signature	· · · · · · · · · · · · · · · · · · ·		
Print Name			
Authorized Department Represental	live		

Business Entit	y Type (Please sele	oct one)								
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization		Other			
Business Desig	nation Group (Plea	ase select all that apply	)							
□мве	_ □WBE	□SBE	PBE		□ VET	□b∨	/ET	□ESB		
Minority Busines Enterprise	Women-Owner Business Enterprise	ed Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business					Emerging Small Business
Number of	Clark County i	Nevada Residents	Employed:							
					Control Contro					
Corporate/Busi	ness Entity Name:	SSM Health Care Co	orporation							
(include d.b.a.,	if applicable)									
Street Address:		10101 Woodfield La	ne	w	ebsite:					
City, State and	Zip Code:	St. Louis, MO 6313	2		DC Name: mail:					
Telephone No:		314-994-7800		_	ıx No:			The second secon		
Nevada Local S		N/A		w	ebsite:			<b>////</b>		
City, State and	Zip Code:			Lo	ocal Fax No:					
Local Talashan	- Mar.			Lo	ocal POC Name:					
Local Telephon	B NO:			Er	nall:					
Entitles include a	l business associatio	slosure requirement, as app na organized under or gov i, limited liability companies	remed by Title 7 of	the Nevada I	Revised Statutes, includ	ling but not porations.	t limited to privat			
See attached list	of officers	<del></del>			that a star to decompose our consequences to the		required for Pub itions/Non-profit			
			au-maine				hdi veribiti			
	-	cly-traded corporations.				₩ N				
Are any indiv     Center or Cla		ers, owners or principals, i clamation District full-time e				int of Aviati	ion, Clark Count	y Detention		
Yes		yes, please note that Cou prinacts, or other contracts				perform a	ny work on profe	ssional service		
sister, grandi	idual members, partn child, grandparent, ra loyee(s), or appointed	ers, owners or principals h alated to a Clark County, D d/elected official(s)?	ave a spouse, regk repartment of Aviati	stered domes on, Clark Co	tic partner, child, perent unty Detention Center or	, in-law or r Clark Cou	brother/sister, ha unty Water Recla	alf-brother/half- amation District		
Yes		yes, please complete the	Disclosure of Relati	onship form o	on Page 2. If no, please	print N/A c	n Page 2.)			
certify under pendand-use approvals	alty of perjury, that all contract approvals.	of the information provided and sales, leases or exch	d herein is current, or anges without the co	ompleted disc	d accurate. I also unders dosure form.	tand that ti	he Board will not	take action on		
Signature	LANGE.		Print Name	-	minute minute de la companie de la c					
aralegal Title			08/30/2022 Date		1-19-11-19-11-19-1-19-1-19-1-19-1-19-1	+9000000-10				
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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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	V Section Section Control of Cont		
follows:  • Spouse – Registered	consanguinity" applies to the of the	n – Parents – In-laws (first de	gree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the follo	wing:	
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	oloyee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature	·		
Print Name Authorized Department Representat	ive		

# **SSM Health Care Corporation Officers**

Rick Corcoran, Chair

Marie Devlin, Vice-Chair

Laura Kaiser, President

Steven Smoot, Vice-President

Douglas Long, Secretary

Jennifer Horrom, Assistant Secretary

Randall Combs, Treasurer

Mark Cagwin, Assistant Treasurer