DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity T	pe (Please select	one												
I Colo	Partnership	TI imitos		mited Liability pany		Corporation Trust		Non-Profit Organization		Other				
Business Designa	tion Group (Pleas	e select	all that apply	/)	·									
MBE	□WBE		SBE		☐ PBE		□ VET]	DVET		□ESB			
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Owned Business Emerging Sma Business					
Number of Cl	ark County No	evada	Residents	s E	mployed:			1	1					
Corporate/Business Entity Name:		Requordit, Inc.												
(Include d.b.a., if a	pplicable)													
Street Address:	1325 Tri-State Parkway, Suite 110					Website: www.requordit.com								
City, State and Zip Code:		Gurnee, IL 60031					POC Name: Mark Buckley Email: accounting@requordit.com							
Telephone No:	Tolonhono No:			312-332-9200 Opt: 4					Fax No: 312-267-5333					
Nevada Local Stre	et Address:						Website:							
(If different from a	bove)			_										
City, State and Zi	p Code:			_			Local Fax No:							
Local Telephone I	do:						Local POC Name:							
	Email:						Email:							
Entities include all business associations organized under o close corporations, foreign corporations, limited liability compared by the second secon			ability companie	governed by Title 7 of the Nevada nies, partnerships, limited partnersh Title President & CEO			a Revised Statutes, includ hips, and professional corp		ling but not limited to private corporations, porations. % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)					
								_						
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes V 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 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, ple	ase complete th	ne D	isclosure of Rela	ationship fo	rm on Page 2. If no, p	olease pri	int 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 approvals, land sales, leases or exchanges without the completed disclosure form.														
Mark K. Buckle	y Digitally signer				Mark K. Buc	kley								
Signature	Date. 2022, 12				Print Name									
President & CEO					12/1/2022									
I realders & OLO					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					
n/a								
 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 Represent	ative							