## DISCLOSURE OF OWNERSHIP/PRINCIPALS

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	ity Ty	e (Please selec		1				1-						
Sole Proprietorship		Partnership	Co	Limited Liability mpany	Ø	Corporation	Trus	t C	Non-Profit Organization		Other			
Business Des	signati	on Group (Pleas	e sel	ect all that apply	)					_		7		
MBE		□WBE		SBE		□PBE			VET		VET	ESB		
Minority Business Enterprise  Women-Owned Business Enterprise		1	Small Business Enterprise		Physically Challenged Business Enterprise		1	eteran Owned usiness			Emerging Small Business			
										_				
Number o	f Cla	rk County N	eva	da Residents	s E	mployed:				0				
			Sto	Status Electrical Corporation										
Corporate/Business Entity Name:			Jia	Otation Corporation										
(Include d.b.a	ı., if a	plicable	000	2669 Deacon Street Website: www.statusteam.com										
Street Address:			1	2669 Deacon Street										
City, State and Zip Code:			Statue PO Se	Abbostron, R.C., V2T Et & Canada Balus Bischrist Corporation PO Sor 8 9 3 TH <sup>A</sup> A* Abbotstoru, BC Canada V2T 624				POC Name: david kovacs  Email: david.kovacs@stalusaulomation.com						
Telephone N	0:		604	6048598470					Fax No:					
Nevada Loca		et Address:						Webs	ite:					
(if different fo	rom ab	ove)												
City, State a	<b>nd Zi</b> p	Code:		Local Fax No:										
Local Telephone No:									Local POC Name:					
			1						Email:					
close corporat	ions, fo	reign corporations	, limite	ed liability compani	les, p	partnerships, iiiii	Title	nampa,	rised Statutes, Includin and professional corpu	(1	% Owne Not required for Pu porations/Non-prof	d blicly Traded		
Keith Falardeau				President						100%	, D			
This section	is not	required for publ	icly-tr	aded corporations	s. A	re you a public	ly-traded	corpor	ration? Yes	_	No	nty Detention		
Center	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.													
Yes		الضا	contra	cts, or other contra	cts,	which are not su	bject to co	mpetiti	ve bid.)					
eieter o	<ol> <li>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)?</li> <li>Yes</li> <li>No</li> <li>(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)</li> </ol>													
Yes		✓ No	(If yes	please complete t	the C	Disclosure of Rel	ationship f	orm on	Page 2. If no, please	print	N/A on Mage 2.)			
I certify under	r penali rovals,	contract approvals	s, land	sales, leases or ex	ided xcha	herein is current larges without the	t, complete complete	e, and a d disclo	accurate. I also unders osure form.	tand t	hat the Board will I	not take action on		
David	Kov	Olgitally signed ON: cn=Devid email=dayidah Date: 2022.06	Kovacs, o= ouacs@sta	Status, ou=Status, lusautomation.com, c=CA		David Kova	acs							
Signature						Print Name								
Division Ma	nager					May 10, 20	22							
Title	, iegei					Date								
							1							

## **DISCLOSURE OF RELATIONSHIP**

## 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						
na									
* 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)									
<ul> <li>Brothers/Sisters - Half-Brothers/Half-Sisters - Grandchildren - Grandparents - In-laws (second degree)</li> </ul>									
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									