DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)													
Sole Proprietorship		Partnership		Limited Liability npany	V	Corporation	Trus	st	Non-Profit Organization		Other		
Business Designation Group (Please select all that apply)													
МВЕ		WBE		SBE		□PBE			□VET		OVET	□ESB	
Minority Business Women-Owne Enterprise Business Enterprise				Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business		Emerging Small Business	
Number of Clark County Nevada Residents Employed: 0													
			O marting data										
Corporate/Business Entity Name:			Q-mation, Inc. DBA Wonderware North										
(Include d.b.a., if applicable)									www.wondonworonorth.com				
Street Address:	Street Address:			425 Caredean Dr.					Website: www.wonderwarenorth.com				
City, State and Zip Code:			Horsham, PA 19044				POC Name: Mitch Araman Email: maraman@wonderwarenorth.com						
Telephone No:			215	-675-5800				Fax	Fax No: 215-675-9712				
	Nevada Local Street Address:			Website:					bsite:	te:			
(If different from		,											
City, State and	Zıp	Code:							Local Fax No:				
Local Telephon	e No	:					Local POC Name: Email:						
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, 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)			
Russell Fadel			CEO							0%			
Thomas Holden			<u>CFO</u>					50%					
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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)? 1. Yes 1. No 1. Ves 1. No 1. Ves 1. No 1. Ves 1. No 1. Ves 1. No 1. No 1. Output Detention Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 1. Output Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 1. Output Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 2. Output Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?													
2. 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 Vo (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 approvals, leads sales, leases or exchanges without the completed disclosure form.													
M DA					Robert D'Agostino								
Signature Print Name													
President					10/24/22								
Title						Date							

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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								
* 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) • 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 Represental	tive							