DISCLOSURE OF OWNERSHIP/PRINCIPALS

Corporate/Business Entity Name: Silpstream Group, Inc	Business Entity Ty	pe (Please select	t one)									
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Minority Business Minority Business Enterprise Disabless Enterprise Disabless Enterprise Disabless Disables determine Business Disabled Veteran Owned Business Enterprise Disables determine Business Enterprise Owned Business Corporate/Business Entity Name: (Include d. ba., if applicable) Street Address: 431 Catalyst Way Website: www.slipstreaminc.org PCC Name: Tim Mathison Email: mathison@slipstreaminc.org City, State and Zip Code: Uccal Fax No: Uccal Telephone No: Local Telephone No: Local Telephone No: Local PCC Name: Email: Ill 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/added entities and non-profit organizations shall list all Corporate Officers and Directors in lise of discloring the name of individuals holding more than five percent (5%) ownership or financial interest in the business associations organized under or powered by Tate 7 of the Newton Review Status, including but not imade disablety contraines, partnerships, limited partnerships, and professional corporations. Full Name Title Title President Vice President of Research Omediate of Profice or of Power publicly-traded comperations. Are you a publicly-traded comperation of Power publicly-traded comperations. Are you a publicly-traded comperations? President Vice President of Research Omediate of Power power profit organization profit organizati	Business Designat	ion Group (Pleas	e sele	ct all that apply)							
Enterprise Owned Business Business	MBE	□wbe		SBE		PBE			□VET		OVET	□ESB
Corporate/Business Entity Name: Silpstream Group, Inc		Enterprise Business										
Include d.b.a., if applicable) Street Address: 431 Catalyst Way Madison, W1 53719 PCC Name: Tim Mathison Email: Talephone No: 608-807-3049 Fax No: Website: Slipstreaminc.org Website: Slipstreaminc.org Website: Slipstreaminc.org Website: Slipstreaminc.org If different from above) City, State and Zip Code: Local Fax No: Local Telephone No: Local Fax No: Local Fa	Number of Clark County Nevada Residents Employed: 0											
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POC Name: Tim Mathison Email: mathison@silpstreaminc.org	-A	plicable)	431 (Catalyst Way	alvet Way							
Telephone No: 608-807-3049 Fax No: Nevada Local Street Address: (fill different from above) City, State and Zip Code: Local Fax No: Local Fax No: Website: slipstreaminc.org (if different from above) City, State and Zip Code: Local Fax No: L	Street Address:					-						
Nevada Local Street Address: Website: slipstreaminc.org Website: sli	City, State and Zip	Code:						Amenda to the control of				
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City, State and Zip Code: Local Fax No:	Telephone No:		000-	007-3049	_			Fax	No:	=		
Local Telephone No: Local Telephone No: Local PCC Name: Email: 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 and 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, doise corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title **Coverage** Full Name Title **Coverage** **Coverage** **(Not required for Publicly Traded Corporations/Non-profit organizations) **Coverage** **Coverage** **(Not required for Publicly-Traded Corporations/Non-profit organizations) **Coverage** **Coverage** **Coverage** **(Not required for Publicly-Traded Corporations/Non-profit organizations) **Coverage** **Coverage** **(Not required for Publicly-Traded Corporations/Non-profit organizations) **Coverage** **(Not required for Publicly-Traded Corporations/Non-profit organizations) **(Not required for Publicly-Traded Corporations/Non-profit organizations) **Coverage** **(Not required for Publicly-Traded Corporations/Non-profit organizations) **(Not require	Nevada Local Stree	t Address:						Website: slipstreaminc.org				
Local Telephone No: Local POC Name: Email:	(If different from ab	ove)										
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President Vice President of Information Technology 0 Cott Hackel Vice President of Information Technology 0 Cott Hackel Vice President of Research 0 Common Mathison General Counsel, Managing Director of PACE 0 This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes 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.) 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, parandparent, 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, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.) Icertify 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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Tim Mathison Penal Yes 2022:12:19 13:44:11-0000 Print Name Signature 12/15/2022	Close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title (Not required for Publicly Traded									licly Traded		
Vice President of Research Q	Sandra Henry	Sandra Henry			President				0			,
General Counsel, Managing Director of PACE This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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, 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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Tim Mathison Digitally signed by Tim Mathison Print Name Signature Tim Mathison Print Name	Doug Ahl			Vi	ice President of Information Technology			chnology 0	0			
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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, 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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Im Mathison Digitally signed by Tim Mathison Date: 2022.12.15 13:44:11 -0600' Print Name Seneral Counsel and Secretary 12/15/2022	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											
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Signature Print Name Seneral Counsel and Secretary 12/15/2022	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.											
	Tim Mathison Signature	Digitally signed b	oy Tim Ma 5 13:44:11	thison -06'00'	-							
	General Counsel and	I Secretary			-							

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 relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the d Domestic Partners – Childrenalf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as					
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 Representati	tive							