## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Type (Please selec	t one	)								
	Partnership		Limited Liability	E	Corporation	Trust	Non-Profit Organization		Other		
Business Design	ation Group (Plea	se sel	ect all that apply	/)							
MBE	□WBE		SBE		PBE		VET		DVET	ESB	
Minority Business Enterprise  Women-Owned Business Enterprise		d	Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business Business		Emerging Small Business	
Number of C	lark County N	leva	da Residents	s E	mployed:			N/A			
Corporate/Business Entity Name:		Нор	HopSkipDrive Inc								
(Include d.b.a., if	applicable)										
Street Address:		360	360 E 2nd St, Suite 325				Vebsite: www.hopskipo		om		
City, State and Zip Code:		Los	Los Angeles, CA 90012				POC Name: Erik Seymour  Email: eseymour@hopskipdrive.com				
Telephone No:		844	844-467-7547				Fax No: 213-896-7528				
Nevada Local St	reet Address:						Website:				
(If different from	above)	_									
City, State and 2	Zip Code:	-					Local Fax No:				
Local Telephone No:						0.7	Local POC Name:  Email:				
close corporations	s, limite	s organized under or governed by Title 7 of the Nevada imited liability companies, partnerships, limited partnersh Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			ed blicly Traded		
								_			
4 Ann anni Indi	ark County Water Re	tners, d	owners or principals tion District full-time	s, in e er	volved in the bus nployee(s), or ap	siness entity pointed/elec	, a Clark County, Departmoted official(s)?	ent of			
Yes (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.)											
<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> </ol>											
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 per land-use approva	nalty of perjury, that a ls, contract approval	all of th s, land	e information provi sales, leases or ex	ided (cha	herein is current nges without the	t, complete, completed	and accurate. I also unde disclosure form.	rstand	that the Board will	not take action on	
Documbiguod by: Joanna Metarland			Joanna McFarland								
Signature					Print Name						
CEO					2/3/2023	3					
Title					Date						

## **DISCLOSURE OF RELATIONSHIP**

Lis	st	any	di	SC	os	ure	S	bel	ow:
(Ma	ark	N/A	, if	not	app	olica	ıbl	e.)	

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 relation  "To the second degree of follows:  • Spouse – Registere	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
Yes No Is the County er	noted above, please complete the fol nployee(s) noted above involved in the nployee(s) noted above involved in an	e contracting/selection process for this	
Signature  Print Name Authorized Department Represent	rative		