DISCLOSURE OF OWNERSHIP/PRINCIPALS

| Business Entity Ty | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | pe (Please sele | ct one) | <u> </u> | | | T | | |
| Sole roprietorship |]Partnership | 7777 | imited Liability | ☐ Corporation | ☐ Trust | Organization Non-F | rotit Other | |
| usiness Designat | tion Group (Plea | se sek | ect all that appl | (y) | | | | |
| MBE | ☐ WBE | _ | SBE | ☐ PBE | | □ VET | DVET | □ ESB |
| linority Business interprise | Women-Owner Business Enterprise | d | Small Busines Enterprise | Business En | Challenged terprise | Veteran Owned Business | Disabled Veteran Owned Business | Emerging Small Business |
| lumber of Cla | ark County h | levac | da Resident | s Employed: | 3 | | | |
| Corporate/Business Entity Name: | | TE | D TOO | LING LL | 2 | | | |
| Include d.b.a., if applicable) | | 36 | mL | | | 2607 | and taxes o | Swarl cot |
| Street Address: | | 43 | 4352 E Alexander Rd | | | Website: tedtoolmis com | | |
| City, State and Zlp Code: | | Los | Las Vegas NV 89115 | | | POC Name: Larrie Thamas/Michele Bo Email: larrer thomas & gman).com | | |
| Telephone No: | | 70 | 702 577.2353 | | | Fax No: 702-553-3441 | | |
| Nevada Local Stre | et Address: | 1 | | | | Website: | | |
| (If different from above) | | SA | SAM | | | www. tedtooling. com | | |
| City, State and Zip Code: | | 1100 | Same | | | Local Fax No: Same | | |
| | | | | | | Local POC Name: | | |
| Local Telephone No: | | S | me_ | | | Email: Some | | |
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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 | |
|-------------------------------------|---|--|--|--|
| NONE | NONE | NONE | | |
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^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

- 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 Representative |

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows: