DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please selec	ct one)	*		* Northwest A Strikerstanding ,	day and a said a manager said a s		
Sole Proprietorship	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designation Group (Plea		<u></u>	AVV.				
MBE WBE	SBE	PBE		VET	DVET	ESB	
Minority Business Women-Owner Enterprise Business Enterprise	d Small Busines Enterprise	s Physically C Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Sma Business	
Number of Clark County N	evada Resident	s Employed:	39	production that is seen to be a			
A	115016	within		- W.C.			
Corporate/Business Entity Name:	NOL GI	anto TUG	1.00		MANAGEMENT OF THE PARTY OF THE		
(Include d.b.a., if applicable)				No. Assessment No. of the Assessment Assessment		-	
Street Address:	3830 S Jones Blud		W	Website: Www. NDLGrouping-com			
City, State and Zip Code:	Las Vegas, NV 89103			POC Name: Natran Schweigart			
			En	Email: info and I Groupine. com			
Telephone No:	702.258.1	C000	Fa	x No: 702-L	1335211		
Nevada Local Street Address:				Website:			
(If different from above)		- •					
City, State and Zip Code:	_		Lo	Local Fax No:			
Local Telephone No:	Local POC Nam		cal POC Name:	ie:			
			Em	Email:			
Entitles include all business association: close corporations, foreign corporations, i Full Name	limited liability companie	s, partnerships, limit	ed partnership	s, and professional corp	porations.		
Joshan Schweigert		President			(Not required for Put	% Owned (Not required for Publicly Traded porations/Non-profit organizations)	
					100 10		
his section is not required for publicity Are any individual members, partner Center or Clark County Water Recla	S. Awhers or principals	involved in the busi-			No No		
Yes No (If y	The state of the s	inty employee(s), or appo	appointed/ele	onicial(s)?	perform any work on profe		
. Do any Individual members, partner sister, grandchild, grandparent, relafull-time employee(s), or appointed/s	s, owners or principals hated to a Clark County F	and a second and	to competit	ive bid.)			
	esected official(s)?					amatton Distillet	
certify under penalty of perjury, that all of ind-use approvals, contract approvals, lai	the information provide	d beautie (a				take action on	
Ignature College (Natha Print Name	w E	hoepy 7		AND THE PROPERTY OF THE PROPER	
resident	THE MANAGEMENT AND ADMINISTRATION OF	4-1	14-2	hwega 7		America Madei	
A A A A A A A A A A A A A A A A A A A	The state of the s	Date		The second of th	Annual An	The second secon	

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
NA			
	and the same		
		- Address State - Same grant Sta	
N. A. S.	V skooliloomene vanas anguta v		
(See a granulation of the state		THE MINISTER AND CONTRACTOR OF THE CONTRACTOR	dilinana, proprieta de la manage
		J. Manhahaman	
	THE STATE OF THE S		
"To the second degree of c follows:	thip by blood. "Affinity" is a relationship by blood. "Affinity" is a relationship to the consumption of the constitution of t	candidate's first and second	
	alf-Brothers/Half-Sisters – Grar		•
For County Use Only:			
	oted above, please complete the follow		
	loyee(s) noted above involved in the c		
	loyee(s) noted above involved in any v	vay with the business in performance	of the contract?
Notes/Comments:			
Signature	- Contraction		
Print Name Authorized Department Representati	ve		