DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please selec										
				,			T			
Sole Proprietorship		Limited Liability mpany	N	Corporation	Trus	st	Non-Profit Organization		Other	
Business Designation Group (Pleas	se sel	ect all that apply)			- 1		_		
☐MBE ☐WBE		SBE		PBE		_	VET		VET	□ESB
Minority Business Enterprise Business Enterprise	J	Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		ibled Veteran ned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: \30										
Corporate/Business Entity Name:	Eagle Quest									
(Include d.b.a., if applicable)										
Street Address:	130	N 080	R	ancho		Wel	bsite: eaglequ	129	service	SIOVA
City, State and Zip Code:	LC	Las Vegas, NV POC Name: Je norter Bevacque Las Vegas, NV Email: jbevacque Quagle quest.					va.)			
Telephone No:	170	29 646	E	3437		Fax	No: 702 27	86	8518	
Nevada Local Street Address: (If different from above)	3	ame a	Ş	about	2	Wel	bsite:			
City, State and Zip Code;						Loc	al Fax No:			
							al POC Name:			
Local Telephone No:						Email:				
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										
van Ray Tippetts		S	CEO			Co		Corpo	(Not required for Publicly Traded proporations/Non-profit organizations)	
Leslie telan Tra	is lie tean tracetts		T	Trasver			5		51	
A.7.							100	5		
								5		
Name of the last o					TO TO THE SECOND	nekrolove s sk		5		
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Are any individual members, partner center or Clark County Water Recomplete Yes No (If co.) Do any individual members, partner sister, grandchild, grandparent, refull-time employee(s), or appointed.	ers, ov lamati yes, p ntracts ers, ov lated t l/electe	whers or principals, on District full-time of please note that Cou s, or other contracts whers or principals to to a Clark County, I ed official(s)?	invo emp unty s, wi navo	olived in the busin oloyee(s), or app employee(s), or nich are not subj a a spouse, regis artment of Aviati	r-traded c ness entity ointed/ele r appointed ect to com stered dor ion, Clark	y, a (ected d/ele npeti mest Cou	Clark County, Department official(s)? ected official(s) may not p tive bid.)	erform	any work on professions or brother/sister, hounty Water Red	essional service
Are any individual members, partner center or Clark County Water Recomplete Yes No (If co.) Do any individual members, partner sister, grandchild, grandparent, refull-time employee(s), or appointed.	ers, ov lamating yes, p ntracts ers, ov lated to l/electe yes, p	wners or principals, on District full-time of the contracts of the contract of the contra	invo	olved in the busin oloyee(s), or app employee(s), or nich are not subj e a spouse, regis artment of Aviati	r-traded c ness entity ointed/ele r appointer ect to com stered dor ion, Clark lonship for complete, ompleted	y, a Cocted ad/element of the country of the countr	Clark County, Department official(s)? octed official(s) may not p tive bid.) ic partner, child, parent, inty Detention Center or Con Page 2. If no, please paccurate. I also understa	erform	any work on profesor brother/sister, he county Water Reck	essional service alf-brother/half- amation District

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			
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113			
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of 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	
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folio	owing:	
	ployee(s) noted above involved in the		
Yes No is the County em	ployee(s) noted above involved in any	way with the business in performanc	ce of the contract?
recognomination.			
Signature			
Print Name Authorized Department Representa	ative		