

# DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> 97						
<b>Corporate/Business Entity Name:</b> <u>Cross Roads Charleston Residential</u>						
<b>(Include d.b.a., if applicable)</b> <u>Cross Roads</u>						
<b>Street Address:</b> <u>2121 W Charleston Blvd</u>				<b>Website:</b>		
<b>City, State and Zip Code:</b> <u>Las Vegas NV 89102</u>				<b>POC Name:</b> <u>Dave Marlon</u>		
<b>Telephone No:</b> <u>(702) 234-1356</u>				<b>Email:</b> <u>Dave.M@CrossRoadsOfSAV.com</u>		
<b>Nevada Local Street Address:</b>				<b>Fax No:</b> <u>(702) 528-0757</u>		
<b>(If different from above)</b>				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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 entity appearing before the Board.

Publicly-traded entities and non-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, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
<u>Will McNeal</u>	<u>Owner</u>	<u>35%</u>
<u>Jeff Bell</u>	<u>Owner</u>	<u>18%</u>
<u>Jeff Iverson</u>	<u>Owner</u>	<u>18%</u>
<u>Stu Eng</u>		<u>8%</u>

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 land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

David Marlon  
 Signature  
CEO  
 Title

David Marlon  
 Print Name  
10/10/20  
 Date

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				25		
<b>Corporate/Business Entity Name:</b> Freedom House Sober Living Inc						
<b>(Include d.b.a., if applicable)</b> Freedom Behavioral Health						
<b>Street Address:</b>		3852 Palos Verdes St		<b>Website:</b> WWW.freedomhousesoberliving		
<b>City, State and Zip Code:</b>		Las Vegas NV 89119		<b>POC Name:</b> Jeffrey Iverson		
				<b>Email:</b> Jeff @freedomhouseelv.com		
<b>Telephone No:</b>				<b>Fax No:</b>		
<b>Nevada Local Street Address:</b>				<b>Website:</b>		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Silvia Buckley	President	Non-Profit
Jeffrey Iverson	Director	Non-Profit
Gerald Bell	Director	Non-Profit
David Lester	Director	Non-Profit

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☐ 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, 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.)

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Silvia Buckley Digitally signed by Silvia Buckley Date: 2020.08.03 15:16:39 -07'00' Signature	Silvia Buckley Print Name
CEO Title	08/03/2020 Date

# DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: 50 <sup>30</sup>						
Corporate/Business Entity Name: CR Living LLC						
(Include d.b.a., if applicable) Sierra Sage Recovery Services						
Street Address: 3321 N. Buffalo Dr. #200				Website:		
City, State and Zip Code: Las Vegas, NV 89129				POC Name:		
Telephone No: 702-868-5800				Email:		
Nevada Local Street Address: Same				Website:		
(If different from above)				Local Fax No:		
City, State and Zip Code:				Local POC Name:		
Local Telephone No:				Email:		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Central Recovery, LLC	Owner	100%

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Signature <u>Sandra Michael</u>	Print Name <u>Sandra Michael</u>
Title <u>Clinical Finance Director</u>	Date <u>01/07/2021</u>

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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b> 8 <sup>50</sup>						
<b>Corporate/Business Entity Name:</b> Central Recovery, LLC						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b> 3321 N. Buffalo Dr. #200			<b>Website:</b>			
<b>City, State and Zip Code:</b> Las Vegas, NV 89129			<b>POC Name:</b>			
<b>Telephone No:</b> 702-868-5800			<b>Email:</b>			
<b>Nevada Local Street Address:</b> Same			<b>Website:</b>			
<b>(If different from above)</b>			<b>Local Fax No:</b>			
<b>City, State and Zip Code:</b>			<b>Local POC Name:</b>			
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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Stuart Smith	Owner	100%

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<p><u>Sandra Michael</u> Signature</p> <p><u>Clinical Finance Director</u> Title</p>	<p><u>Sandra Michael</u> Print Name</p> <p><u>01/11/2021</u> Date</p>
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