DISCLOSURE OF OWNERSHIP/PRINCIPALS Business Entity Type (Please select one) Sole Proprietorship Limited Liability Company Pertnership Non-Profit Organization Corporation Trust Other Business Designation Group (Please select all that apply) MRF □ WBE SBE PBE ☐ VET DVET ESB Minority Business Women-Owned Small Business Physically Challenged Veteran Owned Enterprise Business Disabled Veteran Enterprise **Emerging Small** Business Enterprise Business Enterprise Owned Business Business Number of Clark County Nevada Residents Employed: 97 Corporate/Business Entity Name: (include d.b.a., if applicable) 5055 Roads Street Address: Website: POC Name: Dave Marlon City, State and Zip Code; Email: Dave of OCEUSS Road Of Sody. Com Telephone No: Fax No: (102) 528 - 0757 Nevada Local Street Address: Website: (If different from above) City, State and Zip Code: Local Fax No: Local POC Name: Local Telephone No: Email: 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). Entitles 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 % Owned (Not required for Publicly Traded Corporations/Non-profit organizations) This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes 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 (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)? (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 Marlow

REVISED 7/25/2014

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entit	у Ту	e (Please select	one)										
Sole Proprietorship			Limited Liability mpany		Corporation			Non-Profit Organization		Other			
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)								
MBE	☐MBE ☐WBE			SBE		PBE		VET		D)	VET	□ESB	
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Own Business	ned			Emerging Small Business		
Number of	Cla	rk County Ne	evac	la Residents	Ε	mployed:			2	25			
Corporate/Bus	ines	Entity Name:	Freedom House Sober Living Inc										
(Include d.b.a.,			Freedom Behavioral Health										
Street Address		[385	2 Palos Verdes S	St		V	Vebsite: WWW	/.freedomho	ouses	soberliving		
City, State and		Code:	Las Vegas NV 89119					Website: WWW.freedomhousesoberliving POC Name: Jeffrey Iverson Email: Jeff @freedomhouselv.com					
Telephone No:			Fax No:										
Nevada Local	Stree	t Address:	Website:										
(If different fro			Website.										
City, State and	d Zip	Code:	Local Fax No:										
				Local POC Name:									
Local Telephone No:							E	mail:					
Entities include close corporation	all buns, for	siness associations eign corporations, l Full Name	s orga limited	anized under or go d liability companie	veri s, p	ned by Title 7 of eartnerships, limite	the Nevada ed partners Title	a Revised Statut hips, and profess	es, including sional corpora	ations	s. % Owne	d	
Sibria Buaklay				D		idant				Corpo	ot required for Pul trations/Non-profit	olicly Traded t organizations)	
Silvia Buckley					President Director					Non-Profit Non-Profit			
Gerald Bell					Director				- 3	n-Pr			
David Lester					Director			Non-Profit					
This section is	dividu	al members, partne County Water Recli	rs, ov amati yes, p	ded corporations. vners or principals, on District full-time lease note that Co s, or other contracts	inv em	re you a publicly rolved in the busin ployee(s), or app y employee(s), or	ness entity, ointed/elect r appointed	a Clark County, ted official(s)? /elected official(s	Yes Department	of Avi	No ation, Clark Cour	•	
sister, gran	ndchile	il members, partne d, grandparent, rel ae(s), or appointed/	ated 1	vners or principals to a Clark County, l ed official(s)?	hav Dep	ve a spouse, regi partment of Aviat	stered dom ion, Clark 0	estic partner, ch County Detention	ild, parent, in Center or Cl	-law (lark C	or brother/sister, l county Water Rec	half-brother/half- lamation District	
Yes		✓ No (If	yes, p	lease complete the) Di	sclosure of Relat	ionship forr	n on Page 2. If i	no, please pri	nt N/	A on Page 2.)		
				information provide ales, leases or excl					lso understan	nd tha	t the Board will no	ot take action on	
Silvia Buckle	у	Digitally signed Date: 2020.08.0	by Silvia 3 15:18	Buckley :39 -07'00'		Silvia Buckley	1						
Signature				-		Print Name							
CEO						08/03/2020							
Title						Date							

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Typ	e (Please select	one)		1						
Sole Proprietorship		Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	Other			
Business Designati	on Group (Pleas	e select all that apply	()							
MBE	WBE	SBE	☐ PBE		VET	DVET	ESB			
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Physically Challeng Business Enterprise		allenged erprise	Veteran Owned Business Disabled Veteran Owned Business		Emerging Small Business			
Number of Cla	rk County No	evada Residents	s Employed:	60	30		A119			
Corporate/Business	Entity Name:	CR Living LLC								
(Include d.b.a., If ap	plicable)	Sierra Sage Recovery Services								
Street Address:	***************************************	3321 N. Bul	Pallo Dr.	#200 W	/ebsite:					
City, State and Zip	Code:	Las Vegas		goi P	OC Name: mail:					
Telephone No:		702-849	3 5800		ax No:					
Nevada Local Stree		same		v	Website:					
(If different from ab		Courte			Local Fax No:					
City, State and ZIp	Coda:				Local POC Name:					
Local Telephone No	o:			E	Email:					
Entities include all bu close corporations, for	isiness association reign corporations, Full Name	is organized under or g limited liability compani	overned by Title 7 c es, partnerships, ilm	the Nevada ited partnersi Title	Hevised Statutes, including the hips, and professional co	% Own	ed			
Central Re		ic_	Owner				(Not required for Publicly Traded Corporations/Non-profit organizations)			
This section is not r	required for public	cly-traded corporation	s. Are you a public	ly-traded co	rporation? Ye		unty Detention			
 Are any individu Center or Clark 	County Water Red	Clamation District 1011-11111	e employee(s), or a	phonitemeter	ieu omciano):	nent of Aviation, Clark Co				
Yes	C	ontracts, or other contra	cis, which are not su	ibject to com	celitive bid.)	ot perform any work on p				
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.)										
Yes	1-4-3	and the second second				3				
l certify under penalty land-use approvals, o	y of perjury, that at contract approvals,	of the information provi land sales, leases or ex	kchanges without the	e completed (iscosme ioni.	rstand that the Board wil	l not take action on			
		_	-		1	1				
Sandia	Much	ael	Print Name	ndro	Michae 1021	<i>l</i>				

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Тур	e (Please select	one)									
Sole Proprietorship		Partnership	Limited Li Company	ability	Corporation	Trust	Non-Profit Organization		Other			
Business Desig	natio	n Group (Pleas	e select all the	at apply)								
□MBE □WBE		SBE		☐ PBE		□VET		DVET	□ESB			
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		rallenged terprise	Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business			
Number of 0	Clar	k County No	evada Resi	dents	Employed:	8	<i>5</i> C-					
Corporate/Business Entity Name:			Central Recovery, LLC									
(Include d.b.a.,	lf ap	olicable)				J,						
Street Address:			3321 N	3321 N. Buffalo Dr. #200 bosite:								
City, State and	Zip C	ode:		POC Name:								
Talanhana Nas	-	First Control	7-2 01 0 50 00						7.00			
Telephone No:			(02-6	(D) - 10 (18) 90 (D) Fax No:								
Nevada Local S		=	Same Website:									
City, State and						Local Fax No:						
			Local POC Name:									
Local Telephon	e No	:	Email:									
Stuart		Full Name	armed sability C			Title	ships, and professional cor	1)	% Owne Not regulred for Pu poralions/Non-prof	blicly Traded		
-/TU(01)//\[\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Dwner				(00)			
1. Are any Indi	vldua ark C	I members, partne ounty Water Reck	ers, owners or pr amation District yes, please note	rincipals, full-time o	employee(s), or app	iness entity pointed/elec or appointed	a Clark County, Departmented official(s)?	ent of A		•		
sister, grand	Ichild ploye	, grandparent, rel e(s), or appointed	ated to a Clark elected official(County, E 3)?	Department of Avia	tlon, Clark	nestic partner, child, paren County Detention Center c m on Page 2. If no, please	r Glark	County Water Red			
					d herein is current, anges without the		and accurate. I also under disclosure form.	stand th	nat the Board will n	ot take action on		
Sand	a	Mica ance D	had		San Print Name	dro	<i>michae</i>	el				
Linica F	1	ence D	irecto		OI (I)	202	1					