Susiness Entity Ty Sole Proprietorship	Parinership	Limited Li Company	ability	Corporation	Trust	Non-Profit Organization		Other	
	tion Group (Please	select all the	it apply)	,			_		
TMBE	□WBE	□SBE		PBE		□ VET	□DV	ET .	ESB
linority Business interprise	Women-Owned Business Enterprise	Small 8 Enterpri		Physically Ci Business Ent		Veteran Owned Business		ed Business	Emerging Small Business
lumber of Cla	ark County No	evada Res	dents	Employed:	150		-		
Corporate/Busines	s Entity Name:	WILLIAM CH	IARLES	, INC.					
nclude d. b.a., if a								-	
treet Address:		4615 N LAM	B BLVD			Vebsite:			
ity, State and Zip	Code:	LAS VEGAS	, NV 89	115	1	OC Name: Shane Hay mail: shane.hayo	cock cock@wll	lliamcharles.c	oŗn
		702-643-947	2			ax No: 702-643-6953			
elephone No:		702-043-847							
levada Local Stre	et Address:				ľ	Yebsite:			
if different from a	bove)		-			1 Hans Man			
City, State and Zip	Code:					ocal Fax No:			
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#### 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
N/A			

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

County Use Only:
y 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?
es/Comments:
nature
t Name norized Department Representative

<sup>\*</sup> County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

Business Entity Ty	pe (Please sele			_						
Sole Proprietorship	Partnership		Limited Liability mpany	7	Corporation	Trust	Non-Profit Organization		Other	
iusiness Designat	tion Group (Plea	se sel	ect all that apply	0				1-		T
MBE	□WBE		SBE	_	PBE		VET		DVET	□.E\$B
Ainority Business Interprise	Women-Owne Business Enterprise	ed	Small Business Enterprise		Physically Ch Business Ent		Veteran Owned Business		abled Veteran rned Business	Emerging Small Business
lumber of Cla	ark County N	leva	ia Residents	s Er	mployed:	150				
Corporate/Busines	s Entity Name:	WIL	LIAM CHARLES	S Co	nstruction Co	mpany, LLC				
nclude d. b.a., if a										
treet Address:		423	0 S 950 E				ebsite:			
u eet Audress.		St	Seorge, UT 8479	90		P	OC Name: Shane Hay	/cock		
City, State and Zip	Code:	15.,		-		- 1	mail: shane,hay	cock@	williamcharles.c	om
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#### 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
N/A			
	2		

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- 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:
Type The is the County employee(s) no	oted above involved in the contracting/selection process for this particular agenda item?
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Yes No is the County employee(s) no	oted above involved in any way with the business in performance of the contract?
Notes/Comments:	
Signature Ben Holmstrom	
Ben nomstrom	
Print Name Authorized Department Representative	

<sup>\*</sup> County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

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City, State and Z	ip C	ode:	Indi	anapolis, IN 462	278		- 1	POC Name: Marie Ha Email: marie.ha			iea.net	
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#### List any disclosures below: (Mark N/A, if not applicable.)

Signature

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
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treet Address:		6325 Digital Wa	ıy, Suit	te 460	v	Vebsite: www.iea.net			
City, State and Zip C	Code:	Indianapolis, IN	46278	8		POC Name: Marie Hamn marie.hamm		iea.net	
		800-688-3775							
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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
N/A			
		,	
* County employee means Water Reclamation District.	Clark County, Department of	f Aviation, Clark County Det	ention Center or Clark County
Consanguinity" is a relation	nship by blood. "Affinity" is a re	elationship by marriage.	
'To the second degree of	consanguinity" applies to the	candidate's first and second	d degree of blood relatives as

follows:

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

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List any disclosures below: (Mark N/A, If not applicable.)

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
,			
<ul> <li>County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.</li> <li>"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.</li> <li>"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:</li> <li>Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)</li> <li>Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)</li> </ul>			
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			

#### DISCLOSURE OF OWNERSHIP/PRNCIPALS (CONTINUED)

#### ENTITY: INFRASTRUCTURE & ENERGY ALTERNATIVES, INC.

#### **BOARD OF DIRECTORS**

FULL NAME: TITLE:

BRIAN HUMMER EXECUTIVE VICE-PRESIDENT OPERATIONS

MICHAEL STOECKER EXECUTIVE VICE-PRESIDENT, CHIEF OPERATING ENGINEER

TERENCE MONTGOMERY DIRECTOR/MEMBER

CHARLES GARNER DIRECTOR/MEMBER

DEREK GLANVILL DIRECTOR/MEMBER

JOHN EBER DIRECTOR/MEMBER

MATTHEW UNDERWOOD DIRECTOR/MEMBER

MICHAEL DELLA ROCO DIRECTOR/MEMBER

LAURENE MEHON DIRECTOR/MEMBER

PETER JONNA DIRECTOR/MEMBER