DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	pe (Please selec	t one)						
Sole Propriétorship	Parmership	Limited Liability Company	Corporation	☐ Trust	Organization Non-F	rofit	☐ Other	
Business Designat	ion Group (Pleas	e select all that appl	y)			_		
MBE	☐ WBE	☐ SBE	☐ PBE		□ VET		VET	☐ ESB
Minority Business Enterprise Women-Owned Business Enterprise		Small Busines Enterprise	Se Physically (Susiness En		Veteran Owned Business	d Disabled Veteran Owned Business		Emerging Small Business
Number of Cla	rk County N	evada Resident	s Employed:		27			
Corporate/Busines	s Entity Name:	L.L.O. Inc.						
(include d.b.a., if a		Acme Electric						
Street Address:		6600 Amelia Ea	rhart Ct., Suit	te B w	lebalte: www.nclasv	egas	com/ACME	
City, State and Zip Code:		Las Vegas, Nevada 89119			POC Name: Mark Urban Email: murban@nclasvegas.com			
Telephone No:		702-876-1116		F	_{ex No:} 702-642-987	6		
Nevada Local Stree	1000	same as above		W	Website:			
(If different from at					ocal Fax No:			
City, State and Zip	Gode:				ocal POC Name:			
Local Telephone N	o:			1 -	Email:			
financial interest in the Publicly-traded enti- ownership or financial	e business entity a ties and non-prot i interest. The disc	ppearing before the Bos fit organizations shall ocure requirement, as a	ard. list all Corporate applied to land-use	Officers a applications,	es of individuals holding m and Directors in Heu of d extends to the applicant s	isclosi ind the	ng the names of a landowner(s).	individuals with
financial interest in the Publicly-traded enti- ownership or financial	e business entity a ties and non-prot i interest. The disc isiness association relign corporations.	ppearing before the Bos fit organizations shall cours requirement, as a normalized under or or	ard. Hist all Corporate applied to land-use averned by Title 7 of	o Officers a applications, f the Nevada mited partner	nd Directors in Seu of d	isclosi and the	ng the names of landowner(s). not limited to privations.	individuals with
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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
	N	/A	

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

Fo	r Co	unty	Use	Only:
if :	any D	isclo	sure	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?
				Is the County employee(s) noted above involved in any way with the business in performance of the contract?
Ne	otes/C	como	nents	ı:
Si	gnatı	ire		
	rint N		Dens	urtment Representative

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows: