Business Entity Type	(Please select	one)									
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Business Designation	Group (Please	e select	all that apply	)			_				
Пмве [	√ WBE		]\$BE	PBE		✓ VET		OVET	ESB		
Enterprise E	nority Business Women-Owned Small Business				Challenged Enterprise	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business		
					- //						
Number of Clark	County Ne	evada	Residents	s Employed	4950						
	745	Lisa A.	Durette MD	PLLC							
Corporate/Business I	Entity Name:	_	y Minds								
(Include d.b.a., if app	licable)		nopah Dr. St	e, 160	Τ,	Vebsite: www.healthyr	mindslv.	.com			
Street Address:			gas, NV 891								
City, State and Zip Co	ode:	Las Ve	9ao, 144 031	44	1	POC Name:					
only, State and Zip Of		700.00	14.0707			imali:					
Telephone No:		702-23	34-2727			Fax No:					
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Sole Proprietorship	artnership	₹ Li	imited Liability		Corporation	Trust	Non-Profit Organization		Other			
Business Designation	n Group (Pleas			)								
	□wbE		□ SBE		□PBE		VET		OVET	ESB		
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Number of Clark	k County No	evad	a Residents	εE	mployed:			6				
Corporate/Business I	Choi	ces Group, LLC										
(Include d.b.a., if app	incapiej	1785	E Sahara Ave	Sto	e. 160	V	Vebsite: www.choicesla	svega	s.com			
Street Address:  City, State and Zip Co	ode:		Vegas, NV 891	_		Р	OC Name: Cindy Gree mail: cynthia.gree	r				
- 1 3 No.		702-	252-8342				ax No: 540-710-6447					
Telephone No:		102		===								
Nevada Local Street	Address:	N/A				٧	Vebsite:					
(If different from abo							ocal Fax No:					
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Business Ent	ity Ty	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability npany		Corporation	Trust	Non-Profit Organization		Other		
Business Des	ignati	on Group (Pleas	e sel	ect all that apply	)							
МВЕ		□WBE		SBE		PBE		VET		DVET	□ESB	
Minority Busin Enterprise	ess	Women-Owned Business Enterprise	en-Owned Small Busine ess Enterprise			Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of Clark County Nevada Residents Employed:												
Corporate/Bu	Corporate/Business Entity Name: Pathways Health a						port, LLC					
(Include d.b.a		1 1										
Street Addres		phoasio	103	04 Spotsylvania	Αv	enue, Ste. 300		Website: www.pathway	s.com			
Street Addres			Fre	dericksburg, VA	224	408		POC Name: Cindy Gree				
City, State an	d Zip	Code:		<b>.</b>			1			thways.com		
Telephone N	n.		540	)-710-6447				Fax No: 540-710-6447				
Nevada Loca		at Addrose:	et .					Website:				
(If different fi			N/A	<b>\</b>								
City, State a								Local Fax No:				
0, 0								Local POC Name:				
Local Teleph	one N	0:						Email:				
ownership or f	inancia	I interest. The discl	osure	requirement, as ap	oplie	ed to land-use ap med by Title 7 o	oplications, f the Nevac	and Directors in lieu of extends to the applicant and the Revised Statutes, includes ships, and professional co	ding bu	t not limited to privons.  % Owne	ate corporations,	
Pyramid Heal	th Hol	dings, LLC							(Not required for Publicly Traded Corporations/Non-profit organizations)  100% Indirect			
-			_		_			-				
·					_							
1 Are any	individ	County Water Red	ers, d dama	owners or principals tion District full-time	s, in e er oun	volved in the bus nployee(s), or ap ity employee(s).	siness entity pointed/ele	y, a Clark County, Departm acted official(s)? ad/elected official(s) may no	ent of			
sister o	randch	I collection made	ers, d	owners or principals I to a Clark County	h	WA 2 COOLEA TA	nistered do	mestic partner, child, pare County Detention Center	nt, in-la or Clarl	w or brother/sister k County Water Re	, half-brother/half- clamation District	
Yes					ne C	Disclosure of Rel	ationship fo	orm on Page 2. If no, pleas	e print	N/A on Page 2.)		
L cortifu undo	penali		of th	e information providuals	ded cha	herein is curren nges without the	t, complete completed	, and accurate. I also unde I disclosure form.	rstand	that the Board will	not take action on	
Cuntlia	Gn.	ur				Cindy Greer						
SigiTall3f5DD9E	5D4DE					Print Name						
CEO/State D	)irecto	r				1/5/2021	L					
Title					_	Date						
							I					

		DISCEOSOR	L OI OWI	LIXOIII	THE INITIAL					
Business Entity Ty	pe (Please select	one)								
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other				
Business Designati	on Group (Pleas	e select all that apply	)		T'					
<b>□</b> МВЕ	□WBE	□SBE	PBE		□ VET	DVET	ESB			
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business			
			<b>=</b>			0				
Number of Cla	rk County Ne	evada Residents	Employed:							
Corporate/Busines	s Entity Name:	Pyramid Health Hold	lings, LLC							
(Include d.b.a., if a	oplicable)									
Street Address:		10304 Spotsylvania	Avenue, Ste. 300		lebsite: none					
City, State and Zip	Code:	Fredericksburg, VA	22408	11	OC Name: Joyce Mor mail: joyce.mon	ntes tes@pathways.com				
Telephone No:		(540) 710-6085		F	ax No: 540-710-6447					
Nevada Local Stree	et Address:	N/A			/ebsite:					
(If different from at	oove)									
City, State and Zip	Code:			L	Local Fax No:					
Local Telephone N	o.			L	ocal POC Name:					
Local Tolopholic C										
Entition include all b	usiness association	osure requirement, as ap ns organized under or go limited liability companie	overned by Title 7 c	f the Nevada	Revised Statutes, inclu	iding but not limited to pri orporations. % Own	ed			
Como Nikou Living						(Not required for Publicly Traded Corporations/Non-profit organizations) 68.25				
Cyrus Nikou Living	Trust					15				
Naxos Capital LLC							9.75			
BCK Capital, Inc.						5				
Diyamore Capital, I										
1 Are any individ	ual members nartn	cly-traded corporations ers, owners or principals	. involved in the bu	siness entity,	a Clark County, Departr	es ✓ No ment of Aviation, Clark Co	unty Detention			
Center or Clark	No (II	clamation District full-time fyes, please note that Co ontracts, or other contrac	ounty employee(s).	or appointed	elected official(s) may r	not perform any work on p	rofessional service			
sister, grandch	ual members, partn ild, grandparent, re	ers, owners or principals	have a spouse re	aistered dom	estic nartner child pare	ent, in-law or brother/siste or Clark County Water R	r, half-brother/half- eclamation District			
full-time emplo		d/elected official(s)? f yes, please complete th	ne Disclosure of Rel	ationship for	n on Page 2. If no, plea	se print N/A on Page 2.)				
I certify under penalt land-use approvals, DocuSigned by:	y of perjury, that all contract approvals,	of the information provid land sales, leases or ex	ded herein is curren changes without the	t, complete, as completed of	and accurate. I also unde lisclosure form.	erstand that the Board will	not take action on			
Joyce Monte	J.S		Joyce Mont	es						
Signature2A4BE55453	h		Print Name							
Conord Course			1/7/2021	Ĺ						
General Counsel Title			Date							

		DIGGEOGE		UI UIII						
Business Entity Typ	e (Please select	one)								
Sole Proprietorship	Partnership	Limited Liability Company		Corporation	✓ Trust	Non-Profit Organization		Other		
Business Designati	on Group (Please	e select all that app	oly)							
МВЕ	□WBE	SBE		PBE		VET		DVET	ESB	
Minority Business Enterprise	Minority Business Women-Owned Small			Physically Ch Business Ent		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business	
Number of Cla	rk County Ne	evada Residen	its E	mployed:			0			
Corporate/Business	s Entity Name:	Cyrus Nikou Livin	g Tru	st						
(Include d.b.a., if ap										
Street Address:	priousity	3750 Las Vegas I	Blvd S	South	V	Vebsite: none				
City, State and Zip	Code:	Las Vegas, NV 89	9158		P	OC Name: Joyce Mon		athways.com		
		(540) 710-6085				ax No: 540-710-6447				
Telephone No:		(040) / 10 0000								
Nevada Local Stree		N/A			ľ	Vebsite:				
(If different from ab						ocal Fax No:				
City, State and Zip	Code:									
Local Telephone N	o:					.ocal POC Name: Email:				
Entities include all bi close corporations, fo	usiness association reign corporations, Full Name	s organized under or limited liability compa	r govei anies, į	med by Title 7 o partnerships, lim	f the Nevada ited partners Title	a Revised Statutes, inclu hips, and professional co	rporatio (	ons. % Owne Not required for Pu	ed µblicly Traded	
Cyrus Nikou			Trustee				Corporations/Non-profit organizations) 100			
			-				-			
This section is not i							_	✓ No		
Are any individu     Center or Clark	County Water Red	lamation District full-t	ime er	nployee(s), or ap	ppointed/elec					
Yes	co	ontracts, or other cont	racts,	which are not su	bject to com					
sister, grandch	ild, grandparent, re yee(s), or appointed	elated to a Clark Could/elected official(s)?	nty, D€	epartment of Avi	ation, Clark	nestic partner, child, pare County Detention Center	or Clan	k County water Re	, half-brother/half- clamation District	
Yes						m on Page 2. If no, pleas				
certify under penalty   land-use approvals, on   DocuSigned by:	y of perjury, that all contract approvals,	of the information pro land sales, leases or	ovided excha	herein is curren nges without the	t, complete, completed	and accurate. I also unde disclosure form.	rstand	that the Board will	not take action on	
Joyce Monte	S			Joyce Monte	es					
Signature A4BESS453.				Print Name 1/7/2021						
General Counsel										
Title				Date						

Business Entity Ty	pe (Please select	t one)	1					7			
Sole Proprietorship	Partnership	✓ Lir Comp	mited Liability pany	Corporation	on Tru	Non-Pro Organizatio		Other			
Business Designati	ion Group (Pleas	e selec	t all that apply	)							
MBE	MBE □WBE □SBE			PBE	□ESB						
Minority Business Enterprise	Minority Business Women-Owned Sm				Challenged Enterprise	Veteran Own Business	ned	Disabled Veteran Owned Business	Emerging Small Business		
Number of Cla	rk County No	evada	Residents	Employed	l:			0			
Corporate/Busines	s Entity Name:	Naxos	s Capital LLC								
(Include d.b.a., if a	oplicable)										
Street Address:		4775	Collins Avenue	e, Apt. 3804		Website: none					
City, State and Zip	Code:	Miam	i Beach, FL 33	140		POC Name: Joyc		@pathways.com			
Talanhana Na:		(540)	710-6085			Fax No:540-710	)-6447				
Telephone No:	4.4.4.4	† –									
Nevada Local Stree		N/A				Website:					
(If different from ab		-				Least For No.					
City, State and Zip	Code:	-				Local Fax No:					
Local Telephone N	o:					Local POC Name: Email:					
Entities include all biclose corporations, fo	usiness association reign corporations, Full Name	, fimited I	liability companie	es, partnerships,	limited partn	erships, and profess	sional corpo	rations. % Oi (Not required for Corporations/Non-p	vned Publicly Traded		
Robert Lezec			=	Sole member				00			
This section is not i							Yes	✓ No	Data di		
Are any individence     Center or Clark  ——	County Water Red	clamation	n District full-time	e employee(s), c	r appointed/e						
Yes	co	ontracts,	or other contrac	ts, which are no	t subject to co	ompetitive bid.)			professional service		
sister, grandch	ild, grandparent, re yee(s), or appointed	elated to d/elected	a Clark County, d official(s)?	Department of	Aviation, Cla	k County Detention	Genter or C	Clark County Water	ter, half-brother/half- Reclamation District		
Yes	-					form on Page 2. If r					
		l of the in	oformation provid	ded herein is cu			lso understa	and that the Board v	ill not take action on		
I certify under penalt land-use approvals, one DocuSigned by:	y of perjury, that all contract approvals,	land sal	les, leases or ex	changes withou	rent, complete the complete	e, and accurate. I and disclosure form.			iii not alto dolon on		
Joyu Monte	y of perjury, that all contract approvals,	land sal	les, leases or ex	Joyce M	the complete	e, and accurate. Fai d disclosure form.			iii 1150 alko usaan sii		
land-use approvals, on DocuSigned by:	y of perjury, that all contract approvals,	land sal	les, leases or exc	changes withou	ontes	e, and accurate. Fail			in not take determine		

Business Entity Type (F	Please select									
Sole Proprietorship	tnership		imited Liability npany	7	Corporation	Trust	Non-Profit Organization		Other	
Business Designation	Group (Please	sele	ect all that apply	)						
☐MBE ☐	WBE		SBE		PBE		VET	_ □	DVET	□ESB
Enterprise Bu	rity Business Women-Owned Small Busines				Physically Ch Business Ente		Veteran Owned Business		bisabled Veteran Owned Business	Emerging Small Business
Number of Clark	County Ne	vad	la Residents	E	mployed:			0		
O	etitu Namai	BCK	Capital, Inc.							
Corporate/Business Er	10									
(Include d.b.a., if applic	cable)	228	5 Sherwood Rd	_			Website: none			
Street Address:				100			POC Name: Joyce Mo	ntes		
City, State and Zip Cod	ie:	San	Marino, CA 911	108					pathways.com	
				_			Email: Joyce.moi	ites@p	patiways.com	
Telephone No:							Fax No:	_		
Nevada Local Street A		N/A					Website:			
(If different from above		-					Local Fax No:			
City, State and Zip Co	de:									
Local Telephone No:							Local POC Name: Email:			
Entities include all busing close corporations, foreign	ess association: n corporations, ull Name	s orga limite	anized under or go d liability companio	over es, p	ned by Title 7 of partnerships, limi	f the Nevad ted partner Title	da Revised Statutes, incl ships, and professional o	uding b corporat	nons. % Owne	ed
Stanley Huang				Shareholder				100	(Not required for Puorporations/Non-prof	
								_		
This section is not requ									√ No	
Are any individual r     Center or Clark Cor	unty Water Recl	lamat	ion District full-time	e en	nployee(s), or ap	pointed/ele				
Yes	co	ntrac	ts, or other contrac	cts, v	which are not su	bject to cor				
<ol> <li>Do any individual n sister, grandchild, g full-time employee(</li> </ol>	grandparent, re (s), or appointed	lated l/elect	to a Clark County ted official(s)?	, De	partment of Avia	ation, Clark	mestic partner, child, par County Detention Cente	er or Gia	ark County Water Ne	, half-brother/half- eclamation District
Yes	No (If	yes,	please complete the	he D	isclosure of Rela	ationship fo	rm on Page 2. If no, ple	ase prir	nt N/A on Page 2.)	
I certify under penalty of land-use approvals, cont DocuSigned by:	perjury, that all ract approvals,	of the	e information provi sales, leases or ex	ded cha	herein is current nges without the	t, complete completed	, and accurate. I also und disclosure form.	derstand	d that the Board will	not take action on
Joyce Montes					Joyce Monte	28				
STANSANDESSISS Print Name										
olynature					1/7/2021					
General Counsel					Date			_		
Title				_	Date	1				

				=								
Business Entity Ty	pe (Please select			_					_	I		
Sole Proprietorship	Partnership		Limited Liability npany	1	Corporation	Trust		Non-Profit Organization		Other	-	
Business Designat	ion Group (Pleas	e sele	ct all that apply)	_			_		,			
MBE	☐ WBE	_	SBE		PBE		1	VET		OVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise	Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business		
Number of Cla	rk County Ne				mployed:				0			
Corporate/Busines	s Entity Name:	Diya	more Capital, In	c.								
(Include d.b.a., if a	oplicable)											
Street Address:		5255	Cangas Drive					site: none				
City, State and Zip	Code:	Cala	abasas, CA 9130	)1		- 1	POC Ema	Name: Joyce Monte		ithways.com		
Telephone No:							Fax	No:				
Nevada Local Stree	et Address:	N/A					Web	osite:				
(If different from ab	ove)											
City, State and Zip	Code:	_					Loc	al Fax No:				
Local Telephone N	o:			Local POC Name: Email:								
close corporations, fo	reign corporations, Full Name	s orga limited	Iliability companie	s, p	eartnerships, limit	ted partner	ships	evised Statutes, includir s, and professional corp	oratio	ns. % Owne Not required for Pu	d blicly Traded	
Vijay Mony			s	Shareholder				Corporations/Non-profit organizations) 100				
Are any individu	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?											
sister, grandchi	ld, grandparent, re ree(s), or appointed	lated t /electe	o a Clark County, ed official(s)?	De	partment of Avia	tion, Clark	Cou	ic partner, child, parent, nty Detention Center or	Clark	County Water Re	half-brother/half- clamation District	
I certify under penalty land-use approvals, of DocuSigned by:	of periury, that all	of the	information provide	ed 1	herein is current,	complete,	and	n Page 2. If no, please accurate. I also understoosure form.			ot take action on	
Joyce Montes					Joyce Monte	s						
SignEtti?e4BE55453 General Counsel					Print Name 1/7/2021							
Title					Date							