### DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)													
Sole Proprietorship		Partnership	Cor	Limited Liability	7	Corporation	Trus	st	Non-Profit Organization	Non-Profit Other			
Business Design	Business Designation Group (Please select all that apply)												
MBE		□WBE		SBE		PBE			VET	□DVET		□E\$B	
Transferring and transf			Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business		
Number of	Cla	rk County Ne	la Residents	Ε	mployed:								
Corporate/Bus	ines	Entity Name:	ClaimVantage, Inc.										
(Include d.b.a.,													
Street Address			One	One City Center 2nd Floor Website: Cla					<sub>bsite:</sub> claimvantage	.com			
City, State and		Code:	Portland, ME 04101				POC Name: Ryan Walsh Email: ryan.walsh@majesco.com						
Telephone No:			207-221-0560					Fax No:					
Nevada Local		t Address:					Website:						
(If different fro													
City, State and					Lo			Loc	Local Fax No:				
Oity, Otate and	a serie	0000.					Local POC Name:						
Local Telepho	ne N	o:					Email:						
Entities include close corporation	all bu	isiness association reign corporations, Full Name	s orga	anized under or go d liability companie	over	ned by Title 7 of artnerships, limi	the Neva ted partne Title	ada R ership	Revised Statutes, includi os, and professional cor	poratio (I Cor	% Owne Not required for Pu porations/Non-prof	d blicly Traded	
Majesco	Majesco			b	business				100%	6			
		equired for public								-	☑ No		
1. Are any in Center or	dividu Clark	County Water Rec	amati	ion District full-time	em	iployee(s), or ap	pointed/el	ected					
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-prother-													
sister, gra	ndchi	ld, grandparent, re ree(s), or appointed	lated /elect	to a Clark County, ed official(s)?	De	partment of Avia	ition, Clar	k Coi	unty Detention Center o	r Clark	County vvater Re	clamation District	
Yes		✓ No (If	yes, p	please complete th	e D	isclosure of Rela	ationship f	orm o	on Pa <b>ge 2. If no</b> , please	print l	N/A on Page 2.)		
land-use approv	als, o	ontract approvals,	of the land s	information provid	led char	herein is current nges without the	, complete complete	e, and d disc	d accurate. I also undersclosure form.	stand t	hat the Board will r	not take action on	
Ryan	1	Jalsh				Ryan Walsh	3						
Signature						Print Name							
VP, Finance						5/12/21							
Title	_		_			Date							

### **DISCLOSURE OF RELATIONSHIP**

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

Signature

Print Name Authorized Department Representative

NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
OWNER/PRINCIPAL	AND JOB TILE	EMPLOTEE/OFFICIAL	DEFAINIBLE
N/A			
Water Reclamation District.  "Consanguinity" is a relation	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the	lationship by marriage.	ntion Center or Clark County degree of blood relatives as
follows:	,		
<ul> <li>Spouse – Registere</li> </ul>	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – F	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
	noted above, please complete the foll	owing:	
Yes No Is the County em	nployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	nployee(s) noted above involved in an	y way with the business in performand	ee of the contract?
Notes/Comments:			

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DISC	LUSUK	OF CAAL	AELOI	ПІГ	FRINCIPALS				
Business Entity Typ	e (Please select	one)									
Tlaus.	Partnership	Limite	d Liability	Corporation	Trus	st	Non-Profit Organization	Other			
Business Designati	on Group (Pleas	e select al	that apply)								
<b>□</b> МВЕ	□WBE		BE	PBE			VET	T DOVET DES			
Minority Business Enterprise	Women-Owned Business Enterprise	all Business erprise	Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business		
Number of Clark County Nevada Residents Employed:											
Corporate/Business	Entity Name:	Majesco									
Corporate/Business Entity Name: IMAJESCO (Include d.b.a., if applicable)											
Street Address:		412 Mt.	Kemble Ave	nue, Suite 11	0C	Web	bsite: www.majesco.	sco.com			
City, State and Zip C	Code:	Morristown, NJ 07960			POC Name: Ryan Walsh Email: ryan.walsh@majesco.com						
Telephone No:		(973) 461-5200				Fax No:					
Nevada Local Street	t Address:				Website: N/A						
(If different from abo		N/A					IN/A				
City, State and Zip		N/A				Loc	al Fax No: N/A				
Local Telephone No:			1/^			Local POC Name: N/A					
Local Telephone No	):	IN/A		Email:							
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)											
Please see attached list of Majesco's officers and directors.											
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  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)?  1. Yes  1. Yes  1. No  1. (If yes, please note that County employee(s), or appointed/elected official(s)?  2. On the contracts, or other contracts, which are not subject to competitive bid.)											
<ol> <li>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)?</li> </ol>											
Yes Vo (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.											
Chris Hollo											
Signature Print Name											
Controller				6/15/202	1						
Title				Date							
				1							

#### **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	N/A	N/A	N/A
	The state of the s	*	*

- 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

<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.

<sup>&</sup>quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

# Majesco (A California Corporation)

### **Officers and Directors**

### Officers:

Adam Elster (Chief Executive Officer) Lori Stanley (Secretary) Manish Shah (President)

### **Board of Directors:**

G. William McKinzie (Chairman) A.J. Rohde Matt LoSardo Tom Clark Adam Elster