												
Business Entity	Туре	-						· · · · · · · · · · · · · · · · · · ·				
☐ Sole Proprietorship ☐ Partnershi		р	□ Limited Liability Company		■ Co	orporation		rust	☐ Non- Profit Organiz	☐ Other		
Business Design	nation	Group										
□ МВЕ	□WBE			☐ SBE ☐ PBE			□ VET [☐ DVET ☐ ESB		
Minority Business Enterprise Women-Owned Busines Enterprise			ess	Small Business Enterprise	Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Owned Business		Emerging Small Business	
		1.4.4.										
Number of Clai	rk Co	unty Nevada	Res	sidents Employ	red:		50			#4.00.00		
			-									
Corporate/Busin	ess E	ntity Name:	TAB Contractors, Inc.									
(Include d.b.a., if	appli	cable)										
Street Address:			6600 Amelia Earhart Ct., Suite B			В	Website: www.nclasvegas.com/TAB					
City, State and Zip Code:			Las Vegas, NV 89119				POC Name: Tory Rambur Email: trambur@nclasvegas.com					
Telephone No:			702-642-3033				Fax No: 702-642-9876					
Nevada Local Street Address: (If different from above)			same as above				Website:					
City, State and Zip Code:							Local Fax No:					
Local Telephone No:			1			Local POC Name Email:						
List of Owners	/Offic	ers:										
All entities, with ownership or financi	the ex ial inter	ception of publicly est in the busines	y-trad s en	ded and non-profit of tity appearing befor	organizations, m e the Board.	ust list tl	ne names of	individu	als hold	ing more th	an five	percent (5%)
with ownership or fir	nancial	interest. The disc	losu		applied to land-u	se trans	actions, exte	nds to tl	he appli	cant and the	e lando	wner(s).
"Entities" includ corporations, close	e all bu corpora	usiness association ations, foreign corp	ns oi porat	rganized under or go tions, limited liability	overned by Title	7 of the tnership	Nevada Revi s, limited par	sed Sta tnership	tutes, in os, and j	cluding but professiona	not lim I corpo	ited to private rations.
Full Name			Title							% Owned t required for Publicly Traded Corporations/Non- profit organizations)		
Greg J. Paulk			President				74%				***************************************	
Brady W. Stevens			Secretary/Treasurer			surer	11.5%					

		CONTRACTOR AND ADMINISTRACTION OF THE PARTY										
	V - 1700 (1700 170	gelen ay a dan da an	_		. Halinik - valorivano (nata make vakaka)		o de la companya de l	Marien pistonium		nijera minera i Sas-imiris ya		
This section is not	•	•		•	ohradin tha h	·	Aib Olade	3 t		ter Barrett and	0 (. .
 Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 												
☐ Yes	■ No	(If yes, plea service con	ase r	note that County em is, or other contract	ployee(s), or ap	pointed/	elected offici	al(s) ma	y not pe	erform any v	vork or	n professional
			_,5,	,	,	,501		/				

21500 - RAPID RESPONSE CONSTRUCTION SERVICES

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 4 Master Rev. 8/29/2018

	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, Clark County Detention Center, Department of Aviation, or Clark County Wate 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.						
take	fy under penalty of periury, that action on land-use approvals, co	ntract approvals, land sales, leas	erein is current, complete, and ac es or exchanges without the com Mark Urban Print Name	ocurate. I also understand that the Epleted disclosure form.	3oard will not		
-	President List any disclosures of (Mark N/A if not applicable)		June 10, 2021 Date				
	NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S DEPARTMENT			
		N	/				

OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
	N	/A	

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

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

[&]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:

For Coun	•	oly: 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/Cor	mments:	
Signature	****	
Print Nam Authorized Do	-	presentative

END OF DOCUMENT