DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)													
☐ Sole Proprietorship		Partnership		imited Liability pany	Ø	Corporation	☐ Tru	ıst	☐ Non-Profit Organization		☐ Other		
Business Designation Group (Please select all that apply)													
□ МВЕ	□ MBE □ WBE			☑ SBE		☐ PBE			☐ VET		DVET	☐ ESB	
Minority Business Enterprise		Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise		l			Emerging Small Business		
Number of Clark County Nevada Residents Employed: 7													
			Bitfocus, Inc.										
	(Include d.b.a., if applicable)			•									
Street Address		piloable	5940 S Rainbow Blvd Ste 400 #60866					Website: WWW.bitfocus.com					
City, State and Zip Code:		Las Vegas, NV 89118-2507			POC Name: Robert Herdzik Email: Robert Herdzik								
Telephone No:			(702) 605-6870 x200					Fax No:					
Nevada Local S	Nevada Local Street Address:							We	Website:				
(If different from	(If different from above)												
City, State and	City, State and Zip Code:								Local Fax No:				
Local Telephon	e No):						Local POC Name: Email:					
Entities include all business associations organized under o close corporations, foreign corporations, limited liability compositions. Full Name				nized under or go liability companie:	governed by Title 7 of the Nevada nies, partnerships, limited partners Title			ada F ership	ships, and professional corporat		ut not limited to private corporations, ions. % Owned (Not required for Publicly Traded or porations/Non-profit organizations)		
Robert Herdzik				Founder & CEO					100%				
								_					
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?													
 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)? 													
Yes No (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.													
	E	2/2				Robert Her	rdzik						
Signature													
Founder & CEO				October 23 2020									
Title						Date							

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			
"To the second degree of follows: • Spouse – Registere	ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first de	
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the foll	owing:	
☐ Yes ☐ No Is the County en	nployee(s) noted above involved in the	contracting/selection process for this	s particular agenda item?
☐ Yes ☐ No Is the County en	nployee(s) noted above involved in any	way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	ative		