

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input checked="" type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				1050		
<b>Corporate/Business Entity Name:</b> Las Vegas Paving Corporation						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		4420 South Decatur Blvd		<b>Website:</b> lasvegaspaving.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89103		<b>POC Name:</b> Ron DeMille		
				<b>Email:</b> ron.demille@lasvegaspaving.com		
<b>Telephone No:</b>		(702) 251-5800		<b>Fax No:</b> (702) 251-4891		
<b>Nevada Local Street Address:</b> (If different from above)		4420 South Decatur Blvd		<b>Website:</b> lasvegaspaving.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89103		<b>Local Fax No:</b> (702) 251-4891		
<b>Local Telephone No:</b>		(702) 251-5800		<b>Local POC Name:</b> Ron DeMille		
				<b>Email:</b> ron.demille@lasvegaspaving.com		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

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)
Mendenhall Family Trust	Owner	100%
Paula C. Mendenhall	Trustee	

Please see attached sheet for Corporate Officers & Directors

*This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?* ☐ Yes ☒ No

- 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)?  
☐ 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.)
- 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.

  
 Signature

Ron Demille  
 Print Name

Project Manager  
 Title

August 17, 2021  
 Date

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				1050		
<b>Corporate/Business Entity Name:</b> Mendenhall Family Trust						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		4420 South Decatur Blvd		<b>Website:</b> lasvegaspaving.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89103		<b>POC Name:</b> Ron DeMille		
				<b>Email:</b> ron.demille@lasvegaspaving.com		
<b>Telephone No:</b>		(702) 251-5800		<b>Fax No:</b> (702) 251-4891		
<b>Nevada Local Street Address:</b>		4420 South Decatur Blvd		<b>Website:</b> lasvegaspaving.com		
<b>(If different from above)</b>						
<b>City, State and Zip Code:</b>		Las Vegas, NV 89103		<b>Local Fax No:</b> (702) 251-4891		
<b>Local Telephone No:</b>		(702) 251-5800		<b>Local POC Name:</b> Ron DeMille		
				<b>Email:</b> ron.demille@lasvegaspaving.com		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Paula C. Mendenhall	Trustee	100%

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 Signature

Ron Demille  
 Print Name

Project Manager  
 Title

August 17, 2021  
 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			
<i>R. DeMuth</i>	N/A		
<i>8/17/2021</i>			

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

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

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

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**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

**LAS VEGAS PAVING CORPORATION**

**4420 S. Decatur Blvd., Las Vegas, NV 89103**

**Corporate Officers & Directors**

**As of 08/01/21**

**Jay N. Smith, President/Director**

**Marc C. Mendenhall, Treasurer/Director**

**Lori Mendenhall, Secretary/Director**

**Ryan Mendenhall, Director**

**Josh Mendenhall, Director**

**William D. Wellman, Director**

**Corey Newcome, Director**

**Clark Webster, Director**

**James M. Barker, Registered Agent/General Counsel/Director**

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

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<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				115		
<b>Corporate/Business Entity Name:</b> TAB Contractors, Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		6600 Amelia Earhart Ct. Suite B		<b>Website:</b> www.nclasvegas.com/TAB		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89119		<b>POC Name:</b> Tory Rambur <b>Email:</b> trambur@nclasvegas.com		
<b>Telephone No:</b>		702-642-3033		<b>Fax No:</b> 702-642-9876		
<b>Nevada Local Street Address:</b> (If different from above)		Same as Above		<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b> <b>Email:</b>		

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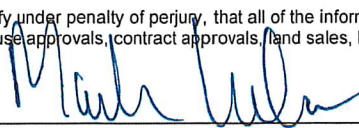
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Greg J. Paulk	President	74%
Brady W. Stevens	Secretary/Treasurer	11.5%

*This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?* ☐ Yes ☒ No

- 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)?  
☐ 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.)
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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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Signature

Mark Urban  
Print Name

Vice President  
Title

08/18/2021  
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

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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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☐ 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



## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input checked="" type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed: 4</b>						
<b>Corporate/Business Entity Name:</b>		Golden Bay Fence Plus Iron Works, Inc.				
<b>(Include d.b.a., if applicable)</b>		Golden Bay Fence				
<b>Street Address:</b>		4104 S B Street		<b>Website:</b> www.goldenbayfence.com		
<b>City, State and Zip Code:</b>		Stockton, CA 95206		<b>POC Name:</b>		
<b>Telephone No:</b>		209-944-9754		<b>Email:</b>		
<b>Nevada Local Street Address:</b>		1711 S. Mojave Rd		<b>Website:</b> www.goldenbayfence.com		
<b>(If different from above)</b>		Las Vegas NV 89104		<b>Local Fax No:</b> N/A		
<b>Local Telephone No:</b>		702-207-3400		<b>Local POC Name:</b> Joe Cisneros		
				<b>Email:</b> jcisneros@goldenbayfence.com		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Paul W. Chavez	President / Manager	50
Nicholas Chavez	V. President / Treasurer	50
Caroline Taiviti	Secretary	0

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☐ Yes ☒ No

- 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)?  
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☐ Yes ☒ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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 Signature  
 President  
 Title

Paul W. Chavez

Print Name

8/18/21

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			

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☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

  
Paul W. Chavez, President

Print Name

Authorized Department Representative



## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				53		
<b>Corporate/Business Entity Name:</b> Sletten Construction of Nevada, Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		600 S. Las Vegas Blvd., Suite 700		<b>Website:</b> www.slettencompanies.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89101		<b>POC Name:</b> Dane Carter <b>Email:</b> dcarter@sletteninc.com		
<b>Telephone No:</b>		702-739-8770		<b>Fax No:</b> 702-739-9932		
<b>Nevada Local Street Address:</b> (If different from above)				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b> <b>Email:</b>		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Erik Sletten	President/CEO	
Dane Carter	Senior Vice President	
Bob Nommensen	Corporate Financial Officer	
Sletten is 100% ESOP, S-Corporation, The Employees are Owners of the Company.		

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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)?  
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 Signature	Dane Carter Print Name
Senior Vice President Title	08/18/2021 Date

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(Mark N/A, if not applicable.)

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N/A	N/A	N/A	N/A

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Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				32		
<b>Corporate/Business Entity Name:</b> Shaw-Lundquist Associates, Inc.						
<b>(Include d.b.a., if applicable)</b>						
<b>Street Address:</b>		2757 West Service Road		<b>Website:</b> ShawLundquist.com		
<b>City, State and Zip Code:</b>		St. Paul, MN 55121		<b>POC Name:</b> Hoyt Hsiao hhsiao@shawlundquist.com		
<b>Telephone No:</b>		(651)454-0670		<b>Email:</b>		
<b>Telephone No:</b>		(651)454-0670		<b>Fax No:</b> (651)454-7982		
<b>Nevada Local Street Address:</b> (If different from above)		5662 La Costa Canyon Ct.		<b>Website:</b> ShawLundquist.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89139		<b>Local Fax No:</b> (702)968-7866		
<b>Local Telephone No:</b>		(702)968-7865		<b>Local POC Name:</b> Holden Hsiao hjhsiao@shawlundquist.com		
<b>Local Telephone No:</b>		(702)968-7865		<b>Email:</b>		

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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).

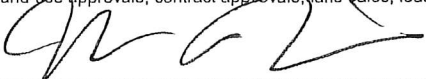
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Hoyt Hsiao	President/CEO	48%
Holden Hsiao	Vice President	45.3%
Thomas J. Meyers	Vice President	6.7%

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?** ☐ Yes ☐ No

- 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)?  
☐ 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.)
- 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.

 _____ Signature	Holden Hsiao _____ Print Name
Vice President _____ Title	8/12/2021 _____ 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			

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

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

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

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**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