DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)															
☐ Sole Proprietorship			Limited Liability Company		✓ Corporation		ıst	☐ Non-Profit Organization		☐ Other					
Bus	iness Desi	gnat	on Group (Pleas	e sel	ect all that apply)									
	/BE		□WBE		SBE		□РВЕ			□VET		DVET	□ESB		
Minority Business Enterprise Women-Owned Business Enterprise				Small Business Enterprise		Physically Challenged Business Enterprise		t	Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business			
			1111												
Number of Clark County Nevada Residents Employed:															
Vessel Typffia Co					rol Troffic Convice	es Inc									
72.			Entity Name:	-	Liner	I Traffic Services, Inc.									
	lude d.b.a.		plicable	-	1920 Albany PI SE Website: www.ezliner.com										
Stre	et Address	5:		-											
City	, State and	Zip	Code:	Oie	inge Oity, IA 310	J 1				POC Name: Mike Peterson Email: mike.peterson@ezliner.com					
Tolo	phone No:							x No: 712-737-4148	<u> </u>						
-			t Address:						_						
	ifferent fro		(.6)	N/A				Website:							
	y, State and			Local Fax No:					cal Fax No:						
	,,	-							Lo	Local POC Name:					
Loca	al Telepho	ne N	o:						Em	nail:	il:				
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, fimited liability companies, partnerships, limited partnerships, and professional corporations.															
Full Name							Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
Quad-States Industries, Inc.										100%					
_															
-		_				_									
				-	ded corporations.					_	_	No	h. Datamtian		
1.					wners or principals, on District full-time					Clark County, Department official(s)?	nt or A	viation, Clark Coun	ty Detention		
	Yes (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.)							essional service							
2.	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-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)?								alf-brother/half- amation District						
	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.															
Keith George 2021-09-30 14 27 05 00					Keith George Print Name										
olgn	aure														
Vice President of Accounting & IT Title 9/29/2021 Date															
							1								

DISCLOSURE OF RELATIONSHIP

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

Print Name Authorized Department Representative

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)								
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								

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Tvr	e (Please select	one										
Sole Proprietorship				Limited Liability	✓ Corporation ☐ Tr		☐ Trust		☐ Non-Profit Organization		☐ Other		
Business Designation Group (Please select all that apply)													
Пмве Пwве			SBE		PBE		□v	/ET		OVET	□ESB		
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise			eran Owned iness			Emerging Small Business		
Number of 0	rk County N	evac	vada Residents Employed: none										
Corporate/Busin	nace	Entity Name	Quad-States Industries, Inc.										
(Include d.b.a.,		- IV	seau otato maatio, mo.										
*		piicable)	111	1110 Albany PI SE Website:									
Street Address:	-		-		14								
City, State and	Zip (Code:	Orange City, IA 51041					POC Name: Keith George Email: keith.george@vogeltraffic.com					
Telephone No:			712-737-4016					Fax No: 712-737-4148					
Nevada Local S	troo	Address:						Website:					
Del			N/A					vacualte.					
(If different from above) City, State and Zip Code:							çal Fax No:						
Oity, State and	Zip	code.						Local POC Name:					
Local Telephon):						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			Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
Vogel Family				OV	owners					00%			
Franklin Vogel													
Wrede Vogel													
Drew Vogel					_					_			
This section is n	ot re	quired for public	ly-trac	led corporations.	Ar	e you a publicly	/-traded co	orporatio	on? Yes	1	No		
 Are any indi Center or Cl 	vidua ark (al members, partne County Water Recl	ers, ov amatic	ners or principals, on District full-time	inv em	olved in the busing ployee(s), or app	ness entity ointed/elec	, a Clark cted offici	County, Department ial(s)?	of Av	viation, Clark Coun	ty Detention	
☐ Yes									essional service				
sister, grand	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-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)?							alf-brother/half- amation District					
☐ Yes	THE RESERVE OF THE PROPERTY OF												
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.													
sipe kings		Keith George 2021-09-30 14:24-05:	00			Keith George							
Signature		2021-08-00 14:29-03:	- val			Print Name							
Vice President of	fΔn	counting & IT				9/29/2021							
Vice President of Accounting & IT Title 9/2 Date of Accounting & IT Date of Accounting & IT													

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								
	=							
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	-					
For County Use Only:								
_	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 Representa	ative							