## DISCLOSURE OF OWNERSHIP/PRINCIPALS

		- (Diane!											
Business Entity  Sole Proprietorship		e (Please selec		Limited bility Company	βį	Corporation	☐ Trust	t	☐ Non-Profit Organization		☐ Other		
Business Desig	nati	on Group (Pleas			lv)								
	naci		30 30		7	□ PBE			□ VET	П	OVET	□ ESB	
Minority Business Enterprise  WBE  Women-Owned Business			Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business			Emerging Small		
		Enterprise											
Number of	Cla	rk County N		da Resident				1					
Corporate/Business Entity Name:		Regulardit, Inc. NV Lie 2000834ZENDI											
(include d.b.a.,				U		2 5							
Street Address:			13	1325 Tr. Sheta Play Webs					ebsite: Www. Requard, t. com				
	City, State and Zip Code:			Gurnes, 12 60031				POC Name: Mark Buckkey & requorlition					
Telephone No:			-	312-332-9200			9	Fax No: 3/2-267-5333					
	Telephone No:  Nevada Local Street Address:		1					Website:					
(If different fro									_				
City, State and	d Zip	Code:							Local Fax No:				
								Local POC Name:					
Local Telepho	Local Telephone No:								Email:				
Entities include close corporatio	ns, fo	reign corporation	s, limi	ted liability compa	nies	rned by Title 7 of partnerships, I	Title	11619	Revised Statutes, includ hips, and professional of	)	t not limited to privations.  % Own Not required for Piporations/Non-pro	ed ublicly Traded	
- laev	_/)	· DVC				110510-05							
This section is	not	required for pub	licly-	raded corporatio	ns.	Are you a pub	licly-trade	ed co	orporation?	Yes	<b>∮</b> ≥ No		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?													
☐ Yes		^	servi	ce contracts, or oth	ner c	contracts, which	are not su	bjec	t to competitive Dia.)				
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)? Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)													
☐ Yes		No No	(If ye	s, please complete	e the	e Disclosure of F	Relationshi	p tor	m on Page 2. If no, pie	ase p	int WA on Page 2	.) 	
I certify under post on land-use ap	oenal prova	ty of perjury, that als, contract appro	all of vals,	the information pro land sales, leases	ovide s or e	ed herein is curr exchanges with	out the con	ilhiei	and accurate. I also undeed disclosure form.			will not take action	
Mush Signature	/	2. Bu	d	leg		Print Name	crk	/	K. Buck	1/4	ey_		
Pres.	4	est + C		EO_		Date	7-13	-	2021				

## DISCLOSURE OF RELATIONSHIP

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

Print Name Authorized Department Representative

2

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
NA			
	nship by blood. "Affinity" is a ronsanguinity" applies to the ca		gree of blood relatives as follow
Spouse – Registere	ed Domestic Partners – Childr	en – Parents – In-laws (first c	degree)
Brothers/Sisters –	Half-Brothers/Half-Sisters – G	randchildren – Grandparents	<ul><li>In-laws (second degree)</li></ul>
For County Use Only:			
•	s noted above, please complete the f		V. Income de Harro
	mployee(s) noted above involved in t		
	employee(s) noted above involved in a	any way with the business in perform	ance of the contract:
Notes/Comments:			
Signature			

REVISED 7/25/2014