ATTACHMENT 1

CERTIFICATE
DISCLOSURE OF OWNERSHIP/PRINCIPALS

1. Definitions

"City" means the City of Las Vegas.

"City Council" means the governing body of the City of Las Vegas.

"Contracting Entity," means the individual, partnership, or corporation seeking to enter into a contract or agreement with the City of Las Vegas.

"Principal" means, for each type of business organization, the following: (a) sole proprietorship – the owner of the business; (b) corporation – the directors and officers of the corporation; but not any branch managers of offices which are a part of the corporation; (c) partnership – the general partner and limited partners; (d) limited liability company – the managing member as well as all the other members; (e) trust – the trustee and beneficiaries.

2. Policy

In accordance with Resolution 79-99 and 105-99 adopted by the City Council, Contracting Entities seeking to enter into certain contracts or agreements with the City of Las Vegas must disclose information regarding ownership interests and principals. Such disclosure generally is required in conjunction with a Request for Proposals (RFP). In other cases, such disclosure must be made prior to the execution of a contract or agreement.

3. Instructions

The disclosure required by the Resolutions referenced above shall be made through the completion and execution of this Certificate. The Contracting Entity shall complete Block 1, Block 2, and Block 3. The Contracting entity shall complete either Block 4 or its alternate in Block 5. Specific information, which must be provided, is highlighted. An Officer or other official authorized to contractually bind the Contracting Entity shall sign and date the Certificate, and such signing shall be notarized.

4. Incorporation

This Certificate shall be incorporated into the resulting contract or agreement, if any, between the City and the Contracting entity. Upon execution of such contract or agreement, the Contracting Entity is under a continuing obligation to notify the City in writing of any material changes to the information in this Certificate. This notification shall be made within fifteen (15) days of the change. Failure to notify the City of any material change may result, at the option of the City, in a default termination (in whole or in part) of the contract or agreement, and/or a withholding of payments due the Contracting Entity.

Block 1 Contracting Entity
DMA Claims, Inc. (David Morse & Associates)
Name
Address 2705 Media Center Dr., Los Angeles, CA 90065
Telephone 323-342-6800
EIN or DUNS 95-4424472

Block 2 Description
Subject Matter of Contract/Agreement
Accident investigation services
Contract No. 070161-CW

Block 3 Type of Business
☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Trust ☐ Other:

ATTACHMENT 1

CERTIFICATE – DISCLOSURE OF OWNERSHIP/PRINCIPALS (CONTINUED)

Block 4 Disclosure of Ownership and Principals
In the space below, the Contracting Entity must disclose all principals (including partners) of the Contracting Entity, as well as persons or entities holding more than one-percent (1%) ownership interest in the Contracting Entity.

	FULL NAME/TITLE	BUSINESS ADDRESS	BUSINESS PHONE
1.	Thomas J. Reitze - Pres	2705 Media Center Drive	323-342-6800
2.		Los Angeles, CA 90065	
3.	Charles N. Ohl - VP/Sec	2705 Media Center Drive	323-342-6800
4.		Los Angeles, CA 90065	
5.	Paula Snider - Manager	2705 Media Center Drive	323-342-6800
6.		Los Angeles, CA 90065	
7.			
8.			
9.			
10.			

The Contracting Entity shall continue the above list on a sheet of paper entitled "disclosure of Principals – Continuation" until full and complete disclosure is made. If continuation sheets are attached, please indicate the number of sheets: ___.

Block 5 DISCLOSURE OF OWNERSHIP AND PRINCIPALS – ALTERNATE

If the Contracting Entity, or its principals or partners, are required to provide disclosure (of persons or entities holding an ownership interest) under federal law (such as disclosure required by the Securities and Exchange Commission or the Employee Retirement Income Act), a copy of such disclosure may be attached to this Certificate in lieu of providing the information set forth in Block 4 above. A description of such disclosure documents must be included below.

Name of Attached Document: _____

Date of Attached Document: _____ Number of Pages: _____

I certify under penalty of perjury, that all the information provided in this Certificate is current, complete and accurate. I further certify that I am an individual authorized to contractually bind the above named Contracting Entity

_____
Name

16 July 2010
Date

Subscribed and sworn to before me this 16th day of July, 2010

_____
Notary Public

See Attached

ACKNOWLEDGMENT

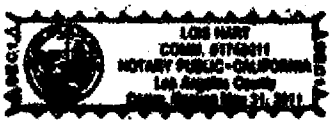
State of California
County of Los Angeles)

On July 16, 2010 before me, Lois Hart
(insert name and title of the officer)

personally appeared Henning Heldt,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Lois Hart (Seal)

A

Your Return Mailing Address

Name: Charles N. Ohl, DMA Claims

Address: 2705 Media Center Drive

City: Los Angeles State: CA Zip Code: 90065

REGISTRAR - RECORDER / COUNTY CLERK's FILING STAMP

COPY of Document Recorded

Has not been compared with original. Original will be returned when processing has been completed.
LOS ANGELES COUNTY REGISTRAR-RECORDER

12/06/07

20072681492

1	☐ First Filing ☑ Renewal Filing Check one only

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS: (Attach additional pages if required)

2	Fictitious Business Name(s) 1. David Morse & Associates 2. DM&A	3. Stein Investigation Agency Articles of Incorporation or Organization Number *(if applicable)* AI #/ON 1858251
3	Street Address, City, State, and Zip Code of Principal Place of Business in California (P.O. Box alone not acceptable) 2705 Media Center Drive Los Angeles, CA 90065	
4	Full name of Registrant / Corporation / Limited Liability Company DMA Claims, Inc.	(if corporation - incorporated in what state) A California Corporation
	Residence Street Address (P.O. Box not accepted) City 2705 Media Center Drive Los Angeles	State CA Zip Code 90065
4A	Full name of Registrant / Corporation / Limited Liability Company	(if corporation - incorporated in what state)
	Residence Street Address (P.O. Box not accepted) City	State Zip Code
4B	Full name of Registrant / Corporation / Limited Liability Company	(if corporation - incorporated in what state)
	Residence Street Address (P.O. Box not accepted) City	State Zip Code

5	This Business is conducted by: (check one only)	( ) an individual	( ) a general partnership	( ) joint venture	( ) a business trust
		( ) co-partners	( ) husband and wife	(✓) a corporation	( ) a limited partnership
		( ) an unincorporated association other than a partnership		( ) a limited liability company	( ) _____ Other

6 Have you started doing business? If yes, insert the date on the line.
No _____
Yes ✓ Date 5/17/93

7 I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

8 Signature of Registrant(s)		8A If Registrant is a CORPORATION or LLC, sign below
		DMA Claims, Inc.
		Corporation Name / Limited Liability Company
Signature	type/print name	Signature
Signature	type/print name	VP/Secretary
Signature	type/print name	Title
Signature	type/print name	Charles N. Ohl
		Type or Print Name

This statement was filed with the County Clerk of LOS ANGELES County on date indicated by file stamp above.

NOTICE - THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THAT DATE. The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (See Section 14411 et seq., Business and Professions Code)

REGISTRAR - RECORDER/COUNTY CLERK
BUSINESS FILING AND REGISTRATION
P.O. BOX 53592, LOS ANGELES, CA 90053-0592
PH: (562) 462-2177

FILING FEE: $23.00 for 1 FBN and 2 registrants plus $4.00 for each additional FBN/registrant
RENEWAL FEE: $18.00 for 1 FBN and 2 registrants plus $4.00 for each additional FBN/registrant
REFER TO THE BACK OF FORM FOR INSTRUCTIONS

FORM # 75F296D-F029 (Rev. 1/06)