

DISCLOSURE STATEMENT

ANNUAL CONFLICT OF INTEREST DISCLOSURE
MILLARD COUNTY

20__

Utah Code Annotated, Section 17-70-509

STATE OF UTAH)
)
COUNTY of MILLARD)

The undersigned, Louis Howard Quackenbush II

960 N 500 E, Delta, UT 84624
(Name and address)

herby gives notice pursuant to Section 17-70-509, of Utah Code Annotated, as to the following:

- A. The name and address of each of the undersigned's current employers and each of the undersigned employers during the preceding year:

Mountain Land Physical Therapy

95 S. White Sage Ave, Suite C, Delta, UT 84624

- B. A brief description of the employment described in section (A), including the undersigned's occupation and job title:

Physical Therapist - Providing PT services in
Delta & Fillmore areas

- C. The name of the undersigned's spouse and any other adult residing in the undersigned's household who is not related by blood or marriage, as applicable:

Tonya Bunker Quackenbush

- D. The name and address of each of the undersigned's spouse's current employers and each of the undersigned employers during the preceding year:

N/A

- E. A brief description of the employment and occupation of each adult who: resides in the undersigned's household and is not related to the undersigned by blood or marriage.

F. For each entity in which the undersigned is an owner or officer: the name of the entity, a brief description of the type of business or activity conducted by the entity, and the regulated officeholder's position in the entity:

HTAK, LLC - Asset Holding Company - Member/Manager
Backcast LLC - Asset Holding Company - Member/Manager

G. A list of each individual, from whom, or entity, the undersigned has received \$5,000 or more in income during the preceding year: the name of the individual or entity and a brief description of the type of business or activity conducted by the individual or entity.

Mountain Land Physical Therapy - Employer, HTAK, LLC - Rental Income

H. For each entity in which the undersigned holds any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year, but excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds: the name of the entity and a brief description of the type of business or activity conducted by the entity:

I. For each entity not listed above, in which the undersigned currently serves, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors: the name of the entity or organization, a brief description of the type of business or activity conducted by the entity, and the type of position held by the undersigned:

J. (Optional) A description of any real property in which the regulated officeholder holds an ownership or other financial interest that the regulated officeholder believes may constitute a conflict of interest, including a description of the type of interest held by the regulated officeholder in the property:

K. (Optional) A description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest

The undersigned believes this form to be true and accurate to the best of the undersigned's knowledge.

DATED this 5th day of January, 20 26

[Signature]
Signature

SWORN TO this 5 day of January, 20 26

[Signature]
Notary Public/Clerk