

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BEND CHAMBER OF COMMERCE</u></p> <p><u>1567 SW CHANDLER AVENUE, #204</u> <u>SUITE 200</u> <u>BEND, OR 97702</u></p>	<p>1c Effective date of plan <u>01/01/2014</u></p> <p>2b Employer Identification Number (EIN) <u>46-7276669</u></p> <p>2c Plan Sponsor's telephone number <u>541-382-3221</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/12/2025	KATY BROOKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3019
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3019
	6a(2)	3497
	6b	0
	6c	0
	6d	3497
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 162527524

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BEND CHAMBER OF COMMERCE		D Employer Identification Number (EIN) 46-7276669

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PROVIDENCE HEALTH PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0863097	95005	620XXX	5334	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 1709511	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UNKNOWN
UNKNOWN
BEND, OR 97702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1101271	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHNSON BENEFIT PLANNING
550 NW FRANKLIN AVENUE, SUITE 378
BEND, OR 97703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
608240	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	31094250
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

DID NOT PROVIDE THE NAME AND ADDRESS FOR THE AGENT/BROKER.

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BEND CHAMBER OF COMMERCE</p>	<p>D Employer Identification Number (EIN) 46-7276669</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
OREGON DENTAL SERVICE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0438772	54941	100000072	2515	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 74882</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UNKNOWN UNKNOWN BEND, OR 97702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58608	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CASCADE EAST BENEFITS, INC. 777 NW WALL STREET, SUITE 100 BEND, OR 97701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16273	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1082202
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

DID NOT PROVIDE THE NAME AND ADDRESS FOR THE AGENT/BROKER.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

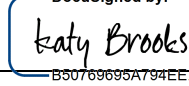
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BUSINESS AND PROFESSIONAL SERVICES EMPLOYERS EMPLOYEE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BEND CHAMBER OF COMMERCE</u></p> <p><u>1567 SW CHANDLER AVENUE, #204</u> <u>SUITE 200</u> <u>BEND, OR 97702</u></p>	<p>1c Effective date of plan <u>01/01/2014</u></p> <p>2b Employer Identification Number (EIN) <u>46-7276669</u></p> <p>2c Plan Sponsor's telephone number <u>541-382-3221</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	DocuSigned by:  850769695A794EE...	5/12/2025 17:01:24 PDT	Katy Brooks
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3019
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3019
	6a(2)	3497
	6b	0
	6c	0
	6d	3497
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 2
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 000162527524

Business and Professional

BCOC CLARKE AND CLARKE INSURANCE AGENCY INC	620002	930821903
BCOC CALLAN ACCOUNTING SERVICES CPA LLC	620003	931318784
BCOC CENTRAL OREGON ENVIRONMENTAL CENTER	620004	943098623
BCOC OREGON NATURAL DESERT ASSOCIATION INC	620006	943098621
BCOC BEND CHAMBER OF COMMERCE OFFICE	620008	930331932
BCOC POVEY AND ASSOCIATES LAND SURVERYORS	620009	930738184
BCOC ASCENT CAPITAL MANAGEMENT LLC	620010	931320653
BCOC PRICE FRONK & CO	620011	930620214
BCOC GROWING TREE CHILDRENS CENTER	620012	930731192
BCOC H P GROUP INC	620013	930837633
BCOC PARR ACCOUNTING	620014	260326766
BCOC MAVERICK LEATHER COMPANY	620015	464346640
BCOC VISION WEALTH MANAGEMENT	620016	462959917
BCOC BOB HART INSURANCE INC	620018	930519035
BCOC JENSON AND SPRATLING LLP	620020	204012488
BCOC CASCADE INSURANCE CENTER LLC	620021	931283476
BCOC NW FARM SUPPLY INC	620022	931160454
BCOC TOKATEE GOLF CLUB	620024	931145504
BCOC DICKEY AND TREMPER LLP	620025	200350998
BCOC BBT ARCHITECTS INC	620029	930855008
BCOC OREGON TRAIL LIVESTOCK SUPPLY INC	620030	911834748
BCOC THOMPSON PUMP AND IRRIGATION INC	620031	930813999
BCOC LB ENGINEERING INC	620033	911786228
BCOC CREDITS INC	620034	930558721
BCOC HIGH DESERT MUSEUM	620035	510179336
BCOC KARLZ HOME INTERIORS	620039	261567741
BCOC HMW CPAS & ASSOCIATES LLC	620041	562437610
BCOC STEELE ASSOCIATES ARCHITECTS LLC	620042	931259090
BCOC ROSELL WEALTH MANAGEMENT	620043	900799716
BCOC HAVEN HOMES	620044	364762660
BCOC REDMOND CHAMBER OF COMMERCE	620045	930329561
BCOC DB WESTERN INC	620046	930791560
BCOC SOUTHERN OREGON VISITOR ASSOCIATION	620047	930867777
BCOC SFF PRESENTS	620049	931208756
BCOC FPW MEDIA	620050	465668962
BCOC JOHNSON BENEFIT GROUP	620051	273706482
BCOC HOWARD INSURANCE INC	620052	472363303
BCOC SIMPSON DIRECT INC	620053	262701222
BCOC DANO ENTERPRISE LLC	620054	263240435
BCOC CENTRAL OREGON LANDWATCH	620056	930935170
BCOC FARM EQUIPMENT HEADQUARTERS INC	620058	930644694
BCOC ASI WEALTH MANAGEMENT	620059	931238515
BCOC COVE PALISADES RESORT AND MARINA	620060	923678946
BCOC DYNAMIC COMPUTER CONSULTING	620061	272795825
BCOC MILLER FERRARI WEALTH MANAGEMENT	620062	451545421
BCOC SHASTA ADMINISTRATIVE SERVICES	620063	931313790

BCOC STEMACH DESIGN & ARCHITECTURE LLC	620065	463234500
BCOC TOWER THEATRE FOUNDATION INC	620066	911829147
BCOC IRIE AT INC	620067	453867074
BCOC BROKEN TOP COMMUNITY ASSOCIATION INC	620068	931097705
BCOC ECONOMIC DEVELOPMENT FOR CENTRAL OREGON	620069	930796784
BCOC ORIGIN NETWORKS LLC	620070	930992989
BCOC HOWARDS PHARMACY INC	620072	930992989
BCOC QVI RISK SOLUTIONS INC	620075	571176571
BCOC BLOOM WELL INC	620076	473401478
BCOC BARRIO INC	620077	454767967
BCOC TABLE 28 INC	620080	200845322
BCOC VALLEY ANIMAL HOSPITAL LLC	620081	270018765
BCOC BIGELOW PASTRELL BUCHANAN AND HARTZELL	620082	931323996
BCOC CENTRAL OREGON VISITORS ASSOCIATION	620083	930637017
BCOC SKEIES JEWELERS	620084	930646303
BCOC CROOKED RIVER RANCH CLUB & MTNC ASSOC	620085	237274735
BCOC RCA MANAGEMENT	620086	208651321
BCOC WESTEND RADIO LLC	620087	911811612
BCOC WATCHDOG SECURITY	620089	721527122
BCOC COLOR TILE PLUS LLC	620090	822071755
BCOC LAND TITLE COMPANY OF GRANT COUNTY INC	620091	930871086
BCOC PRINEVILLE CROOK COUNTY CHAMBER OF COMMERCE	620092	930329226
BCOC Q GROUP INC	620093	264247957
BCOC CURRY COUNTY TITLE INC	620094	930824212
BCOC POWDER HOUSE	620095	930948501
BCOC ISLER MEDFORD LLC	620096	204749363
BCOC BONEYARD PUB LLC	620097	813784151
BCOC FOUR PAWS WELLNESS CENTER	620098	993133274
BCOC CURIOUS MINDS LLC	620099	821721289
BCOC PINE STREET RENTALS INC	620100	208892389
BCOC KATAHDIN FINANCIAL GROUP	620101	820912055
BCOC UDI CORPORATION	620104	770210699
BCOC GRAND MANAGEMENT SERVICES INC	620105	911850078
BCOC RIVERS EDGE ACADEMY CHARTER SCHOOL	620106	274821123
BCOC LAMPTON & ADAMS	620108	930635473
BCOC SISTERS VETERINARY CLINIC	620109	460483806
BCOC EDELRID NORTH AMERICA INC	620110	475077146
BCOC BEND ANIMAL HOSPITAL PC	620113	931284151
BCOC PIONEER VETERINARY HOSPITAL	620114	931010440
BCOC DISABLED SPORTS USA	620115	260076749
BCOC INTERMOUNTAIN PUBLIC DEFENDERS INC	620116	931150634
BCOC PROJECT YOUTH PLUS	620121	263161884
BCOC JTI SUPPLY INC	620122	260790245
BCOC BAYSHORE PAINTS INC	620123	203112000
BCOC ASHBROOK INDEPENDENT SCHOOL	620124	931131186
BCOC AUDIO VISIONS PLUS INC	620125	990689848
BCOC INSURE PACIFIC	620126	261405603

BCOC NORTHWEST VETERINARY REPRODUCTIVE SRVCS	620127	823777054
BCOC STORM WATER SERVICES INC	620128	352542192
BCOC PINE MOUNTAIN SPORTS INC	620130	20697930
BCOC C AND S MILLER HOLDINGS LLC	620131	833296683
BCOC MARYS RIVER WATERSHED COUNCIL	620132	931314764
BCOC LONG TIMBER BREWING COMPANY	620133	813358323
BCOC CIVIL WEST ENGINEERING SERVICES INC	620134	262914006
BCOC ROGUE VALLEY COUNTRY CLUB	620136	930370933
BCOC THE LIGHTHOUSE SCHOOL	620137	931311037
BCOC WILSONS OF REDMOND	620138	942545165
BCOC COBURG COMMUNITY CHARTER SCHOOL	620139	203435655
BCOC MACIE DOG CORP	620140	274512637
BCOC BUILDERS BARGAIN CENTER	620142	371589454
BCOC SPECTRUM STRATEGIC CAPITAL MANAGEMENT LLC	620144	931325263
BCOC BENNY'S PIZZA JOINT LLC	620145	813005849
BCOC DAVIS COMPUTER SERVICES INC	620146	911826603
BCOC LEWIS HOME SOURCE INC	620148	931171238
BCOC PINNACLE ARCHITECTURE	620150	371453386
BCOC INTERTECH INC	620151	930972525
BCOC COMMUTE OPTIONS FOR CENTRAL OREGON	620154	931330126
BCOC RAUCH MCFETRIDGE CLEVELAND & STEIN CPAS LLC	620158	930693275
BCOC PAPER & STRING	620159	931159797
BCOC FIELDS HOME CENTER	620160	830734516
BCOC KOSELIG SHOPPE	620166	843703900
BCOC WESTSIDE PHARMACY INC	620167	464899989
BCOC BRICKHOUSE BEND LLC	620169	273558486
BCOC S AND P FINANCIAL	620170	464953378
BCOC THE DALLES AREA CHAMBER OF COMMERCE	620171	930321889
BCOC LORD CHEATHAM INC	620172	844280586
BCOC ROBINETTE VENTURES LLC	620174	844002863
BCOC EFFECTUAL INC	620175	823082582
BCOC CASCADE SCHOOL OF MUSIC	620176	030409118
BCOC CORVALLIS TOURISM CONV AND VISITORS BUREAU	620177	911846393
BCOC RANDLE BROS DEVELOPING LLC	620178	814688611
BCOC OREGON WHOLESALE HARDWARE INC	620179	930663433
BCOC R WALKER INSURANCE AGENCY INC	620180	813050905
BCOC OAK KNOLL INC	620181	364565814
BCOC MID OREGON PERSONNEL SERVICES INC	620182	930903486
BCOC MT BACHELOR SPORTS EDUCATION FOUNDATION	620183	930846112
BCOC CENTURY INSURANCE GROUP LLC	620185	931193195
BCOC DESERT SPRING BOTTLED WATER CO LLC	620186	943334394
BCOC DAVE KEYTE TRADING LLC	620187	461220623
BCOC BEND PARTY RENTALS	620188	273111645
BCOC AWBREY GLEN OPERATIONS INC	620190	934198345
BCOC DEVCO ENGINEERING INC	620191	930573501
BCOC HALPERN LAW GROUP PC	620196	463633165
BCOC SW OR PUBLIC DEFENDER SERVICES INC	620197	930821211

BCOC THE PRETTY PUSSYCAT LLC	620198	931279317
BCOC CASCADE RACK LLC	620200	463425274
BCOC PAYROLL SPECIALTIES INC	620201	931132934
BCOC ROBERT AXLE PROJECT LLC	620202	462858307
BCOC MT ASHLAND ASSOCIATION	620203	931090285
BCOC PAWS ANIMAL HOSPITAL	620204	454280209
BCOC MOUNTAIN VIEW ANIMAL HOSPITAL	620205	812962384
BCOC BEND SCIENCE STATION	620206	141846714
BCOC I & J CARPETS INC	620207	930646435
BCOC PLATEAU VETERINARY HOSPITAL	620210	853700255
BCOC AUERBACH RECREATIONS CORP	620211	201899394
BCOC RIVERSIDE VETERINARY CLINIC LLC	620212	043825737
BCOC ELEVATION CAPITAL ADVISORY LLC	620213	465734381
BCOC SEVEN PEAKS SCHOOL	620214	931200323
BCOC HIGH DESERT FOOD & FARM ALLIANCE	620215	454422108
BCOC CHINOOK SAILING PRODUCTS	620216	911423284
BCOC WESTERN COLLEGIATE CONSULTING	620217	475435560
BCOC WATER WONDERLAND IMPROVEMENT DISCTRICK	620218	930845487
BCOC BLAKE ETTESTAD INSURANCE AGENCY INC	620219	821782379
BCOC PODSKI ? LLC	620220	934246446
BCOC BEND UNLEASHED LLC	620221	823353259
BCOC PROJECT BIKE LLC	620222	821486931
BCOC CLAY TRENZ FINANCIAL SERVICES	620223	452051235
BCOC BEND LOCK AND SAFE	620225	931160406
BCOC SKI INN LLC	620226	832164978
BCOC AME HIGH INC	620227	474867072
BCOC ASHLAND GENERAL HARDWARE	620229	273708723
BCOC WALDORF SCHOOL OF BEND	620230	931217269
BCOC ALROHUMO LLC	620231	822273396
BCOC FACEOUT STUDIOS LLC	620233	208047431
BCOC WADDELL ELECTRIC MOTOR SERVICE LLC	620234	853411131
BCOC EASTLAKE FRAMING LLC	620235	873695429
BCOC KUZYN LOGISTICS LLC	620236	843993546
BCOC THE STORY ASHLAND	620238	821165558
BCOC HOMETOWN DRUGS OF PRINEVILLE INC	620240	274556118
BCOC RILEY WIGLE CPAS LLC	620241	472556572
BCOC OLSON INSURANCE GROUP LLC	620242	460894002
BCOC CASCADE PEAKS ACCOUNTING AND TECHNOLOGY LLC	620243	851919116
BCOC COSTELLO LAW OFFICE PC	620244	821950747
BCOC SGI LLC	620245	861360666
BCOC STRICTLY ORGANIC COFFEE COMPANY	620246	753123257
BCOC DRB	620247	931329822
BCOC ELMM ENTERPRISES LLC	620248	861305780
BCOC MERAKI NON EMERGENCY TRANSPORT LLC	620249	822040305
BCOC SOMEWHERE THATS GREEN LLC	620250	851284377
BCOC SOLERA CONSULTING LLC	620251	824879592
BCOC HIGHTIDELOWTIDE	620252	880546830

BCOC FLAGLINE ENGINEERING LLC	620253	833600394
BCOC BOSS SPORTS PERFORMANCE	620254	471329836
BCOC JUST ONE BITE LLC	620255	874617938
BCOC DESERT LANES RESTAURANT AND LOUNGE INC	620256	930872372
BCOC JB KING ENTERPRISES	620257	882485325
BCOC T HAT CORP	620258	931261233
BCOC SPRINGFIELD AREA CHAMBER OF COMMERCE	620262	930286205
BCOC PRESENTATION DESIGN GROUP LLC	620263	930809855
BCOC MCKENZIE MIST	620265	931193746
BCOC S MEDICAL MANAGEMENT SYSTEMS INC	620266	472134379
BCOC EUGENE CPA OFFICES LLC	620267	263419569
BCOC NORTHWEST MEDIA INC	620269	930907119
BCOC THE DYER PARTNERSHIP ENGINEERS AND PLANNERS	620270	931130649
BCOC MOLINA LAW GROUP LLC	620275	811686477
BCOC FILMPAC LLC	620277	822878725
BCOC S GAYDOS CHURNSIDE & BALTHROP PC	620278	930996409
BCOC PRTRNSHPS FOR ACADEMICALLY CREATV TEACHING	620279	475521136
BCOC API INC	620282	930605375
BCOC PRECISION MEASUREMENTS & INSTRUMENTS CORP	620284	931051581
BCOC SHADOW HILLS COUNTRY CLUB INC	620285	936025081
BCOC BRANCH ENGINEERING INC	620286	931260517
BCOC BERGESON BOESE AND ASSOCIATES INC	620289	930991547
BCOC FARMWORKER HOUSING DEVELOPMENT CORPORATION	620290	931055994
BCOC EUGENE EMERALDS BASEBALL CLUB INC	620291	840718891
BCOC AM SOLAR INC	620292	331004327
BCOC RECLIN OR INC	620294	931256285
BCOC CDA ENTERPRISES INC	620295	930744647
BCOC SMART LIVING LEARNING & EARNING WITH AUTISM	620296	472290922
BCOC PUBLIC DEFENDER SERVICES OF LANE COUNTY INC	620297	930684495
BCOC LANE COUNTY BREWING LLC	620300	474621481
BCOC MCKENZIE PERSONNEL SYSTEMS	620301	930864239
BCOC SKIP TRACER TRUCKING CORPORATION	620302	931248073
BCOC JARVIS GLATTE BUNICK LLP	620305	931254813
BCOC UNITED ACA SOLUTIONS LLC	620308	871336452
BCOC JULIAN SINCLAIR WINE & CIDER LLC	620309	473636097
BCOC GILBERT CENTER LLC	620310	822091833
BCOC SUNNYSIDE SPORTS	620314	930740371
BCOC DESTINATION WELLNESS COMPANY	620315	844120888
BCOC DIAMOND K SALES LLC	620316	850549586
BCOC MOEMENTUM INC	620317	254150001
BCOC THE LAW OFFICE OF ANGELA LEE PC	620318	271542068
BCOC STINGER TRANSPORT LLC	620319	200586440
BCOC RYELAND USA CORP	620320	833112853
BCOC MARK JONES TRUCKING INC	620321	870711922
BCOC ALBANY BOX COMPANY INC	620323	931324616
BCOC CASCADE PACIFIC RCD INC	620324	930722979
BCOC DESIGN BAR LCC	620326	844213574

BCOC CASCADE SUMMIT INSURANCE OF OR INC	620328	455393247
BCOC CMIT SOLUTIONS OF CENTRAL OREGON	620329	825243874
BCOC HAT TRICK GROWERS LLC	620330	810829885
BCOC JNJ RANCH COMPANY LLC	620331	813670839
BCOC LAND TO PLATE DISTRIBUTION COOPERATIVE	620332	874202503
BCOC OTIS GARDENS INC	620333	471412456
BCOC PROCFO LLC	620334	203264573
BCOC TRACK TOWN EVENTS LLC	620335	461147583
BCOC PLATT EQUIPMENT	620336	451607738
BCOC ROOSTERS RESTAURANT	620337	931223626
BCOC LAWLESS DBROS	620338	331081557
BCOC BANCORP INSURANCE	620339	852954380
BCOC RAS OPERATING CO INC	620340	931030676
BCOC ABBASE WELL DRILLING AND PUMP SERVICE	620341	930916752
BCOC MEADOW OUTDOOR ADVERTISING	620342	951478121
BCOC CASSIDY BAYOU LLC	620343	931095304
BCOC CANNON BEACH CONFERENCE CENTER	620344	936002704
BCOC TRAMPOLINE ZONE LLC	620345	811271132
BCOC RIVERSIDE ANIMAL HOSPITAL INC	620346	473125886
BCOC REPERIO HEALTH INC	620347	844338699
BCOC REED AND ASSOCIATES	620348	911878492
BCOC JIMMY HILL JR TRUCKING LLC	620349	592597813
BCOC ALVORD RANCH	620350	820305850
BCOC HEALTH INSURANCE STRATEGIES	620351	711027208
BCOC THE MONTESSORI CENTER INC	620352	352176119
BCOC SILVER CREEK ANIMAL CLINIC	620353	844147306
BCOC APPLIANCES AND MORE LLC	620354	815199660
BCOC ICASHE INC	620355	852517316
BCOC WESTLAKE CONSULTANTS INC	620356	930846883
BCOC DENCO DESIGN INC	620357	821178594
BCOC CREATIVE SIGNS LLC	620358	300619618
BCOC PIONEER HERBS LLC	620359	825348504
BCOC HILLCREST MEMORIAL PARK	620360	930201420
BCOC FSC LLC	620361	872721524
BCOC HEMLOCK TAX INC	620362	33-1743274
BCOC TRUE GORGE STOVES AND SPAS	620363	274678714
BCOC THE LUMBERYARD	620364	820848517
BCOC ENCORE HOME FURNISHINGS LLC	620365	260608720
BCOC IMMERSION BREWING	620366	471281755
BCOC ELLEN YIN MEDIA LLC	620367	833158880
BCOC HEMPIES WEST LLC	620368	471597004
BCOC HARFST AND ASSOCIATES INC	620369	900534269
BCOC ALL STAR LABOR AND STAFFING INC	620370	264703795
BCOC HASKETT WILLIAMS LAW GROUP	620371	882435682
BCOC PREMIER RETIREMENT SERVICES INC	620372	931327877
BCOC BRIGHTSIDE ANIMAL CENTER	620373	930976110
BCOC COACHWELL	620374	453855720

BCOC SHAPIRO DIDWAY LLC	620375	261107766
BCOC GRASS ROOTS MARKETING	620376	461085483
BCOC CLOOTEN LAW LLC	620377	475164619
BCOC OREGON FAMILY SCHOOL	620378	830799650
BCOC SPORTS MANAGEMENT WORLDWIDE	620379	453727492
BCOC THUMP COFFEE	620380	473772182
BCOC HOOD RIVER COUNTY LIBRARY DISTRICT	620381	458066936
BCOC ELEVEN SOFTWARE INC	620382	753015461
BCOC TNT SPORTS MEM	620383	832045318
BCOC SUNRIVER BREWING CO	620384	454590956
BCOC COLLECTIVE PALLET	620385	844126477
BCOC INDOOR BILLBOARD	620386	930660564
BCOC WE ARE CAMP	620387	465434704
BCOC JONES STOCHOSKY ENVIRONMENTAL LAB	620388	90-0002027
BCOC LULAY FINANCIAL LLC	620389	461328369
BCOC THE PATIO TAP HOUSE	620390	933861217
BCOC WEATHERFORD THOMPSON LLC	620391	923279510
BCOC NORTHSTAR VETERINARY SURGERY	620392	874312436
BCOC MARSHALL PODIATRY PC	620393	921364265
BCOC THE PROGRAM MANAGEMENT LLC	620394	870787604
BCOC WILCOX ARREDONDO AND CO	620395	931303013
BCOC CASCADES ACADEMY OF CENTRAL OREGON INC	620396	412086942
BCOC MAIN BUILDING SUPPLY INC	620397	930697480
BCOC BECKER CAPITAL MANAGEMENT	620398	930663104
BCOC OREGON MARKETING GROUP	620399	452688881
BCOC SWEET CHEEKS VINEYARDS INC	620400	931145687
BCOC INTERIOR OFFICE CONCEPTS INC	620401	202070551
BCOC WEBB PROPERTY RESOURCES LLC	620402	823864464
BCOC NORTH INC	620403	931057590
BCOC H AND R RESTAURANTS OREGON LLC	620404	453601890
BCOC PACIFIC FOUR SALES ASSOCIATES	620405	930577996
BCOC JOHNSON AND TAYLOR PERSONAL INJURY AND FAMILY	620406	271045809
BCOC BUSINESS MENTORS INC	620407	931242895
BCOC ARBOR SOUTH ARCHITECTURE	620408	930991233
BCOC HINCHCLIFF INC	620409	208820766
BCOC JARED VIRTUE LLC	620410	821723684
BCOC KELLER WILLIAMS REALTY CENTRAL OREGON	620411	473114608
BCOC OREGON PACIFIC FINANCIAL ADVISORS INC	620412	464607087
BCOC TANKERSLEY AND WRIGHT LLC	620413	464342769
BCOC THE DALLES COUNTRY CLUB	620414	930151638
BCOC TWENTY FOUR 7 INC	620415	931202893
BCOC PORTLAND HOUSING CENTER	620416	931111589
BCOC ALLEN CREEK VETERINARY HOSPITAL PC	620417	931234831
BCOC CAUBLE FURR AND BEGUIN LLP	620418	272035569
BCOC FINANCIAL FREEDOM WEALTH MANAGEMENT	620419	850533512
BCOC MOUNTAIN HIGH EQUIPMENT AND SUPPLY	620420	870554586
BCOC TENT ENGINEERING LLC	620421	834757156

BCOC SOUTHERN OREGON PUBLIC DEFENDERS	620422	930892794
BCOC BAKER AND MURAKAMI PRODUCE LLP	620423	815303785
BCOC KATE DARDEN INTERIOR DESIGN	620424	832520437
BCOC ENDEX INC	620425	930757930
BCOC TERREBONNE VETERINARY CLINIC	620426	872812468
BCOC CENTRAL OREGON TRAIL ALLIANCE	620427	911827339
BCOC RUSSELL LAW GROUP LLC	620428	843521774
BCOC NEILSON RESEARCH CORPORATION	620429	930853827
BCOC DOWNTOWN ATHLETIC CLUB	620430	930848098
BCOC WEST HILLS ANIMAL HOSPITAL INC	620431	474769826
BCOC OREGON FOREST INDUSTRIES COUNCIL	620432	911776964
BCOC INDUSTRIAL ENET	620433	954611922
BCOC CROWS SHADOW INSTITUTE OF THE ARTS	620434	931120037
BCOC WESTERN CHRISTIAN SCHOOL	620435	930463599
BCOC MORTGAGE FIRST CORP	620436	931012418
BCOC INNOVATIVE BENEFITS GROUPS	620437	931262796
BCOC THE SIGN DUDE	620438	931298689
BCOC GRANTS PASS EQUIPMENT RENTAL	620439	470847139
BCOC BRYANT LOVLIN AND JARVIS PC	620440	931193845
BCOC DESCHUTES DEFENDERS A PUBLIC DEFENSE NON PR	620441	931014222
BCOC HAUGEBERG RUETER GOWELL ETA	620442	930674923
BCOC J AND S DRAIN SERVICES	620443	880965248
BCOC NIPAC	620444	930768260
BCOC ELEMENT DESIGN COLLECTIVE INC	620445	872726186
BCOC PUBLIC AFFAIRS COUNSEL	620446	930674392
BCOC SMARTZ	620447	680493050
BCOC THE OPEN DOOR	620448	465739108
BCOC WAARDENBURG INSURANCE AGENCY INC	620449	844130597
BCOC FRANCIS HANSEN AND MARTIN LLP	620450	930894108
BCOC ALL QUIP TRANSPORTATION SERVICES LLC	620451	472104499
BCOC JESSICA ANDERSON INSURANCE AGENCY INC	620452	834509631
BCOC ELIZABETH TODD INC	620453	824495456
BCOC PARADIGM ECOM AND DIGITAL SERVICES LLC	620454	882175339
BCOC NEATHAMER SURVEYING	620455	911764777
BCOC SUNDOWNER CAPITAL MANAGEMENT	620456	931288799
BCOC ROGUE SOLUTIONS ACCOUNTING	620457	371867313
BCOC CORNERSTONE RESIDENTIAL	620458	813643550
BCOC VISIBILEDI INC	620459	453681943
BCOC BEND BREWING CO	620460	931127364
BCOC DON SUKLIS INSURANCE	620461	261396393
BCOC WOOLDRIDGE CREEK WINERY	620462	200950444
BCOC CENTRAL PIPE MECHANIX	620463	273231263
BCOC E L EDWARDS REALTY II INC	620464	261381082
BCOC FOREST GLEN REPAIR LLC	620465	831886941
BCOC SAMUELS YOELIN KANTOR LLP	620466	930516558
BCOC E B EFFECTS AND DESIGN	620467	342021607
BCOC AUDIO VISIONS PLUS	620468	990689848

BCOC SASQUATCH ADVERTISING INC	620469	931197493
BCOC KINTECHNOLOGY INC	620470	680641443
BCOC FLOORS TO GO	620471	204452124
BCOC GREEN T CLIMATE SOFTWARE INC	620472	934230400
BCOC WYEAST MOUNTAIN ACADEMY INC	620473	842891461
BCOC ROOT MORTGAGE	620474	813138853
BCOC CENDIX	620475	203936914
BCOC SHEPPARD WEALTH MANAGEMENT LLC	620476	471100059
BCOC SUNRIVER SPORTS	620477	931302398
BCOC HUMMINGBIRD WHOLESALE	620478	562391913
BCOC BROWN TARLOW BRIDGES AND PALMER PC	620479	930799979
BCOC ABIQUA SCHOOL FOUNDATION	620480	931109798
BCOC SPORTING COLLECTIBLES BY WARDS AUCTIONS INC	620481	931250906
BCOC C AND J SUPER SERVICE INC	620482	931072678
BCOC SIXTOP RESTAURANT GROUP	620483	831563548
BCOC FAMILY JUSTICE CENTER OF WASHINGTON COUNTY	620484	474687471
BCOC ABIQUA ANIMAL CLINIC	620485	814817841
BCOC RESPONSE TO NATURE INC	620486	931299724
BCOC TILLAMOOK COUNTY PIONEER MUSEUM	620487	943037898
BCOC AUDIO VISUAL BEND	620488	470977414
BCOC AUTO BODY CONCEPTS	620489	931193164
BCOC FM CIVIC	620490	830883240
BCOC AMERICAS BEST KIDS INC	620491	202933252
BCOC OMEGA FUNERAL AND CREMATION SERVICE	620492	931023274
BCOC K3 RANCHES INC	620493	453672208
BCOC MSB GROUP LLC	620494	843040093
BCOC WOODLAND AND WOODLAND CPAS PC	620495	203829060
BCOC KACHKA LLC	620496	462348605
BCOC NEW DAY SENIOR LIVING LLC	620497	871194041
BCOC FLEET SALES WEST LLC	620498	931287367
BCOC JAKE LARSON INSURANCE	620499	880662628
BCOC ANDREW PHYSICAL THERAPY	620500	262769150
BCOC COOS BAY NORTH BEND CHARLESTON VISITOR & CONV	620501	931241434
BCOC SIMPSON AUTO GROUP	620502	861201439
BCOC THE HUMAN BEAN	620503	900006556
BCOC BELLAGIOS PIZZA	620504	931186516
BCOC BLACK HELTERLINE	620505	930429749
BCOC INTEGRITY SENIOR LIVING ADVISORS LLC	620506	923704451
BCOC RESOURCE ONE INC	620507	911850998
BCOC CRC INC	620508	931115123
BCOC AGRICULTURAL DRAINAGE CORP	620509	930864695
BCOC LAW OFFICE OF CAROLINE MOORE LLC	620510	823191550