

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>G&A PARTNERS EMPLOYEE WELFARE BENEFIT PLAN (520)</u>	1b Three-digit plan number (PN) ▶ <u>520</u>
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>G&A OUTSOURCING, INC. DBA G&A PARTNERS</u> <u>17220 KATY FREEWAY</u> <u>SUITE 350</u> <u>HOUSTON, TX 77094</u>	1c Effective date of plan <u>01/01/2022</u> 2b Employer Identification Number (EIN) <u>76-0461926</u> 2c Plan Sponsor's telephone number <u>713-784-1181</u> 2d Business code (see instructions) <u>561300</u>

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.	07/19/2025	AARON CALL
	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	1254
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)	1242
	6a(2)	1505
	6b	21
	6c	0
	6d	1526
	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

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 1
 - (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 135811807

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: 24pt;">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 G&A PARTNERS EMPLOYEE WELFARE BENEFIT PLAN (520)</p>	<p>B Three-digit plan number (PN) ▶ 520</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 G&A OUTSOURCING, INC. DBA G&A PARTNERS</p>	<p>D Employer Identification Number (EIN) 76-0461926</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
UNITEDHEALTHCARE INSURANCE COMPANY

(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
36-2739571	79413	8270000	3928	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 757998	(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
CORPORATE SYNERGIES GROUP LLC **2 AQUARIUM DRIVE**
SUITE 200
CAMDEN, NJ 08103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
154096	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
G&A BENEFICIAL, LLC **17220 KATY FREEWAY**
HOUSTON, TX 77094

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
144898	0	N/A	3

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

FLORIDA SHERIFFS EMPLOYEE BENEFITS 2090 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
134463	0	N/A	3

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

ALLIANT INSURANCE SERVICES INC 701 B STREET
FL 6
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71367	0	N/A	3

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

BENNIE INSURANCE LLC 700 CANAL STREET
SUITE 1
STAMFORD, CT 06902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69004	0	N/A	3

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

CORPORATE SYNERGIES GROUP LLC 818 W RIVERSIDE AVE
SUITE 800
SPOKANE, WA 99201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51407	0	N/A	3

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

WILLIS TOWERS WATSON NORTHEAST INC 10 STATE HOUSE SQ FLOOR 11
HARTFORD, CT 06103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45995	0	N/A	3

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

ALLIANT INSURANCE SERVICES INC. 401 UNION STREET
 FLOOR 30
 SEATTLE, WA 98101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25249	0	N/A	3

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

HUB INTERNATIONAL NORTHWEST LLC P.O. BOX 3018
 BOTHELL, WA 98041

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23249	0	N/A	3

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

PROFESSIONAL PENSIONS INC 10 RESEARCH PKWY
 P.O. BOX 3018
 WALLINGFORD, CT 06492

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20059	0	N/A	3

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

PROFESSIONAL GROUP PLANS INC. 225 WIRELESS BLVD
 SUITE 200
 HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18138	0	N/A	3

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

MERCER HEALTH & BENEFITS LLC 501 MERRITT 7 FLOOR 5
 NORWALK, CT 06851

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73	0	N/A	3

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	0
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)	0
(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)	0
(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	13911640
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. ▶

G&A Outsourcing Health and Welfare Plan
EIN - 76-0461926; Plan Number 520
Plan Year Ended: December 31st, 2024

Form 5500, Line A, Multiple Employer Plans - SCEC

Client Name	Tax-ID
4MEDIA GROUP, INC.	810880494
ACUITY AUDIOVISUAL	54-1725808
ADAM & MCGREVEY, P.A.	811891343
ALBUQUERQUE ORAL SURGERY PC	87-3239770
Alchemy Renewable Energy, LLC	81-4473417
ALLAWAY LLC	92-2381144
ASHVIN AI INC	99-1208753
AVAZYME INC	47-1878109
AVERISTAR CONSULTING LLC	37-1553679
BACK TO CAMP LLC	83-4190196
bics	473327459
BIO-TECH PHARMACAL, INC.	431334862
BOUNTIFUL ORAL SURGERY PC	87-3239770
BOYS & GIRLS CLUB OF THE OZARKS	431664669

BROWN'S BODY SHOP	86-1397001
C&C WELDING CORP	84-4626039
CALCA SOLUTIONS LLC	93-1561707
CAMP IHC, INC	13-3534008
CENTRAL TEXAS ORAL SURGERY ASSOCIATES	74-2701348
CENTRAL TEXAS ORAL SURGERY MSO LLC	92-1412937
CES	122310233
CHILDREN'S BEHAVIORAL SERVICES LLC	83-1614144
COMMUNITY ENGINEERING & BUILDING SERVICES	11-3671439
Complex Technologies, LLC	47-5598792
CRJ Aviation, LLC	46-1994903
D&B Company	68-1498336
DaZZee IT Services	43-1894816
DCH Hotels, LLC	880818331
DELTA STATES UTILITIES SERVICES, LLC	93-3681645
DIE CRAFT	31-1684845

DOVE RECOVERY	92-1291465
ECOWOOD SOLUTIONS	461429856
ETHANOLUS	85-4000271
Freedom Management Group, LLC	88-2251417
GILBERT SONOMA ORAL SURGERY MSO, LLC	87-4151619
GILBERT SONOMA ORAL SURGERY, P.C.	87-4170620
Grand Center, Inc.	43-1450326
HEARTLAND AVIATION, LLC	47-1707257
HELTON ELECTRIC, LLC	901141183
HIGHLAND COMMUNITY CHURCH	39-1530890
HILARK-LUFKIN HEAVY HAUL TRUCKS & TRAILERS LI	93-2334994
HILBILT-LUFKIN DISTRIBUTION LLC	93-2359270
HILLBILLY PUMPING AND HAULING	43-1755319
HILLHOUSE SERVICE INC.	431786565
HOLLADAY CONSTRUCTION GROUP, LLC	20-8472065
HONEST ABE'S HOME SERVICES	82-3430722

Imagine Commercial Solutions, LLC	82-1443901
Immersive Hub Operations, LLC	85-2929765
INTECARE, INC	35-2066074
JENFAB CLEANING SOLUTIONS	20-1408557
Jobba Trade Technologies, Inc.	86-1122744
John Clary Concrete	45-3148978
K.F. DWYER ENTERPRISES, LLC	204710750
KANSAS FENCING, INC.	205562493
KID'S HARBOR, INC.	431927828
KITCHEN CLASSICS, LTD	411590869
KOEHN CONSTRUCTION SERVICES, INC.	475021154
LAWTON ORAL SURGERY	93-2902751
LAYTON ORAL SURGERY, PC	87-2983890
LEGACY HEIGHTS ORAL AND FACIAL SURGERY LLC	84-4466813
LUMACHAIN LLC	87-1531689
MARTIN PLUMBING, HEATING & COOLING	431524920

McGowan Built Properties, LLC	82-5510319
MPOWER	271325039
NEW PROSPECT COMPANY	73-1540176
NORTHERN ARIZONA ORAL SURGERY, PC	88-2077601
OMNI TRADE CONTRACTING, LLC	464354274
On Call Fuel and Lube, LLC	92-1220625
On Call Holdings, LLC	92-1401137
On Call Septic and Plumbing, LLC	92-1418973
ON CALL SERVICES AND RENTALS, LLC	832375281
ONE LOGISTICS NETWORK	81-4628081
ORAGEN LEGACY MSO LLC	86-2976745
ORAGEN MANAGEMENT SERVICES ALBUQUERQUE	87-2405209
ORAGEN MANAGEMENT SERVICES SE LOUISVILLE LI	87-2459379
ORAGEN MANAGEMENT SERVICES, LLC	87-1418762
ORAGEN MSO BOUNTIFUL, LLC	87-2859936
ORAGEN MSO LAWTON LLC	93-2493447

ORAGEN MSO LAYTON, LLC	87-2826657
ORAGEN MSO NORTHERN ARIZONA, LLC	88-2077783
ORAGEN MSO OKLAHOMA CITY	92-1978733
ORAGEN MSO SPRINGVILLE, LLC	88-2515584
ORAGEN ST. GEORGE MSO, LLC	87-1679615
ORAGEN, LLC	86-1442903
ORAL SURGERY CENTER OF WESTERN IDAHO, LLC	85-4114115
ORTEX GUARANTEE TERMITE & PEST CONTROL	272494837
OTTO CONSTRUCTION, INC.	731674473
OVATION CABINETRY, INC.	481170475
Oz Operations, LLC	88-1627068
PARKS MAINTENANCE INC	38-2034307
PEOPLE'S BANK OF SENECA, INC.	431730907
PICKS GALLERY	273032695
PINNACLE ADVISORS	34-1431326
POLCO	47-4110471

POLY LIFT	431281451
POLY LIFT OF OSAGE BEACH, LLC	452794034
POVADDO, LLC	451887555
Precision Auto	431453377
PRIME OMS	84-3965191
PRIMROSE TRANSPORTATION MANAGEMENT, INC.	20-1486272
Prochant Holdings, Inc.	87-2243534
PROCHANT LLC	58-2492811
Pulaski County Ambulance District	43-1457536
QUANT US CORP	47-2250433
RED ROCKS ORAL & FACIAL SURGERY	88-1632356
RED ROCKS SURGICAL CENTER, P.C.	88-3203509
reDesign LLC	27-4823959
REDLINE RESOURCES, LLC	825356631
RETRIEVING FREEDOM, INC	453282513
RF TECHNOLOGIES INC	39-1591361

RICHARD MCLAIN, ORAL & MAXILLOFACIAL SURGEF 45-1831305

ROCKY TOP ORAL SURGERY 88-2484485

S. INDIANA ORAL SURGERY, PC 87-2914369

SE LOUISVILLE ORAL SURGERY PSC 87-2956704

Selah Design Studio 47-2713414

Show Me Supports, LLC 84-3770359

SideCars, Inc. 26-1936382

SUMMIT EYE CARE OF WISCONSIN SC 84-2556669

Sustainable Brands, PBC 20-5202906

SWIFTOTTER, INC 81-4048336

TEETIME LLC 88-0979864

TETON RANGE EMPLOYERCO, LLC 82-0737803

THE BEHAVIOR HELPER LLC 83-3252907

The Carriage Club, Inc. 44-0604022

THOMSEN COMPANIES, INC 20-5124142

THOMSEN COMPANIES, INC. - ASO 20-5124142

TRANSPORT CAPACITY SERVICES LLC	99-3479404
TRUCORE PATHOLOGY, PLLC	81-3009080
VIRTUE ENERGY SERVICES	32-0555514
VUE Health LLC	81-4537854
WEST VALLEY ORAL SURGERY MSO, LLC	88-1645042
WEST VALLEY ORAL SURGERY, P.C.	88-1375698
WIDEBAND LABS, LLC DBA POWERSHADES	815059169
WOMMACK MONUMENT COMPANY	430910552
YUMA SONOMA ORAL SURGERY MSO, LLC	87-4103679
YUMA SONOMA ORAL SURGERY, P.C.	87-4154988