

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
---	--	---

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
----------------	---

1a Name of plan <u>G&A PARTNERS EMPLOYEE WELFARE BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>510</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>01/01/2019</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	3372
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)	3319
	6a(2)	2649
	6b	37
	6c	0
	6d	2686
	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	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 134976202

(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	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		29321060
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.	10b		

Specify nature of costs.

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. ▶

(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	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		138854
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.	10b		

Specify nature of costs.

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 510
Plan Year Ended: December, 31st, 2025

Form 5500, Line A, Multiple Employer Plans - SCEC

Client Name	Tax-ID
ACCESS FUND	94-3131165
AFC OF COLORADO, LLC	99-2394837
AFC URGENT CARE	81-0799828
AFFORDABLE FIRE PROTECTION INC	84-1545997
AFP SERVICES LLC	27-4497382
ALCORN CONSTRUCTION ARIZONA, INC.	87-4736018
ALCORN CONSTRUCTION, INC	26-3031055
ALLY ONSITE, LLC	82-2787059
ALTITUDE CONTROL TECHNOLOGY	86-3969559
ALWAYS MOUNTAIN TIME, LLC	46-3959200
AMERICAN MILLENNIUM CORPORATION INC	850273340
ARRANT SOLUTIONS LLC	86-1358161
ASPEN GROUP, LTD	45-5525815
AUTOMATICS & MACHINERY CO INC.	95-4222357
Artisan Home Loans, LLC	85-3460864
BASIN CLINIC, INC.	84-0820573

BC OVERHEAD, INC	26-4590989
BELLCO HOME LOANS LLC	85-4234635
BEN Colorado, Inc	84-4159830
BEN GREENFIELD LIFE, LLC	87-1234655
BERSHINSKY PLUMBING & HEATING	84-1362309
BETA FINANCIAL PARTNERS	84-2745954
BETTER BUILT MORTGAGE GROUP, LLC	88-3862245
BH, LLC	20-3600906
BLAZE URBAN LIVING LLC	93-4267022
BLIND INSTITUTE OF TECHNOLOGY	46-2557719
BLUETHREAD SERVICES, LLC	85-3850704
BRICKER WILSON CONSTRUCTION, LLC	27-2421664
BRIDGEVIEW IT, INC.	20-3431789
CAPPELLOS LLC	45-1839027
CCInc	83-3842405
CEA INDUSTRIES INC	27-3911608
CEAD FARMS LLC	82-4727984
CENTENNIAL CONSULTING GROUP, LLC	37-1521296

CITY HOUSE CONSTRUCTION, INC.	47-4449570
CMT SITE SOLUTIONS	85-2603864
COLETAYLOR LLC	83-1532979
COLORADO OIL AND GAS ASSOCIATION	74-2373229
COLORADO TECHNOLOGY ASSOCIATION	84-1263735
COMFORT DENTAL MONTROSE	81-3628180
COMPLETE BUSINESS ACCOUNTING	87-3824009
CONCORD SUMMIT CAPITAL LLC	86-2353551
CONGREGATION HEBREW EDUCATIONAL ALLIANCE	84-0447472
CORE COMPLETIONS, LLC	35-2670019
COUGHLIN AND COMPANY INC	84-0461159
COUGHLIN PROPERTY MANAGEMENT LLC	94-3297508
CanAmerica Drilling	81-2806757
Comfort Dental Grand Junction West	45-5344802
DENVER PUBLIC LIBRARY FRIENDS FOUNDATION	84-6036979
DISCOUNT DUMPSTER, LLC	82-4405247
DIXON SOLD IT	47-1976929
DK HANEY ROOFING, LLC	92-3525457

DL ENGINEERING INC.	46-1661549
DTS TECHNOLOGY GROUP	83-1378428
DURANGO EMPLOYEE CO LLC	82-3396056
DVHP INC	832028191
EAGLE RIVER INVESTMENTS, LLC	38-3956732
ELECTRASTEEL, INC.	85-1059607
EMS UNLIMITED	45-4513406
ENCORE LIVING GROUP	27-2017911
ENERGY FIELD SERVICES LLC	460666884
ENRICH RELATIONSHIP CENTER OF COLORADO	27-3369611
EPIC PERMIAN OPERATING, LLC	81-2642243
EXCEED ELECTRICAL CONTRACTING, LLC	81-3954849
EXERO WELL INTEGRITY, LLC	84-2470580
FAMILY RESOURCE CENTER ASSOCIATION, INC.	31-1599581
FCCS	84-1131524
FIELD GEO SERVICES INC	20-5401719
FIELD GEO SERVICES OFFICERS	20-5401719
FIREPLACE WAREHOUSE	45-1264487

FIT PHYSICAL THERAPY	14-1848247
FRACTURE ID, INC	47-1878573
FRONT RANGE EYE ASSOCIATES	13-4304109
GATEWAY HOME HEALTH	30-0845314
GATEWAY HOSPICE	85-2850738
GRASMICK INC	84-1087408
HIGGINS, HOPKINS, MCLAIN & ROSWELL, LLC	84-1602182
HIGH LINE CANAL CONSERVANCY	81-4337938
HINES, INC.	80-0659017
HOLIDAY LIGHTING PRO'S, LLC	88-3144274
HOOKIT, LLC	87-4220249
HUMBLE MIDSTREAM II MANAGEMENT LLC	93-3779471
IKEGPS, INC	20-3340037
ILLUMINATI LABS LLC	46-5236544
INFINITI OF DENVER	264781962
INK MONSTR LLC	86-2205744
INNOVATIVE SOLUTIONS LTD	46-3637619
INTEGRA AIM, LLC	851209954

INTEGRA REALTY RESOURCES, INC	58-2471341
INTEGRATED INSIGHT THERAPY, LLC	84-2024080
ISTONISH, INC.	84-1140745
JAGUAR LAND ROVER FLATIRONS	84-1525857
KEYRENTER DENVER	32-0263829
KEYSTONE NEIGHBOURHOOD COMPANY, INC	841346819
KORE SOFTWARE	71-1050700
KSAT, INC.	84-4457679
LAND ROVER FLATIRONS	93-4221779
LAWSON CONSTRUCTION COMPANY	84-1116591
LEWIS TRUE VALUE	84-0510878
LIBERTY RESOURCES MANAGEMENT COMPANY, LLC	46-4056263
LIFE FAMILY, LLC	99-4038421
LITTLETON FOURSQUARE CHURCH	84-0961501
LUDIA CONSULTING, INC.	46-5684865
MARSHALL RODENO ASSOCIATED	84-0769529
MCDONALD PELZ GLOBAL COMMODITIES LLC	27-4411145
MCDONALD PELZ I.B. LLC	82-0915681

MESA PRODUCTION	45-3163648
MESA PRODUCTION OFFICERS	453163648
MILE HIGH SECURITY SOLUTIONS LLC	35-2647806
MOLLENCIA, INC.	87-3274950
MOUNTAIN SHADES INC	84-0888097
MOUNTAIN SLEEP DIAGNOSTICS INCORPORATED	45-2428169
MOUNTAIN STATES LEGAL FOUNDATION	84-0736725
MPI PROBE LABS	46-5008642
NASCATE, INC.	82-2865822
NATIVE SUN CONSTRUCTION	26-3609046
NEXGEN TECHNOLOGIES INC.	84-1435644
NO BARRIERS USA	06-1693441
NOVITECH INC	47-4366326
NOVITECH, LLC	47-4366326
New Earth Residential LLC	83-3551838
O'BRIEN TREE CARE	94-3451240
ONSITE SOLUTIONS LTD	99-1868940
OP Implant Dental LLC	84-2335645

OPENPATH INVESTMENTS, LLC	47-1124033
PANTERRA ENERGY LLC	45-3122346
PEAK PHYSICAL THERAPY AT HIGHLANDS RANCH, LLC	26-0591262
PEAK REHABILITATION OF DENVER, LLC	84-1320338
PEAK VIEW ROOFING, LLC	85-3732142
PEDIATRIC NEUROLOGY P.A	59-3747476
PEDIATRIC PULMONARY & SLEEP SPECIALISTS LLC	82-4429131
PELZ MANAGMENT INC	26-2164290
PENTRUST MORTGAGE GROUP, LLC	82-1209153
PHOENIX ANALYTIC SERVICES, INC	84-1610400
PHOENIX ASSET MANAGEMENT, LLC	26-1166975
PHOENIX CAPITAL, INC	84-1365758
PHOENIX COLLATERAL ADVISORS, LLC	20-8324990
PHOENIX WHOLE LOAN SOLUTIONS, LLC	47-1088608
QCOMM NETWORK SERVICES	42-1693017
QUINN FOODS LLC	27-3540829
R-W SPECIALTIES, LLC	84-0534534
REALM OF CARING FOUNDATION, INC.	46-3371348

REDBOT SECURITY	83-3868744
RENEW 1-DAY DENTURE CENTER-COLORADO SPRING	46-4994627
RENEW 1-DAY DENTURE CENTER-FT LAUDERDALE	85-4265674
RENEW SMILES, LLC	47-4166428
RESOURCE ENGINEERING GROUP INC.	84-1446425
REVELATION ROOFING, LLC	87-4045456
REcolorado	84-0943682
RMS ENTERPRISES HOLDCO LLC	93-1615996
ROCKY MOUNTAIN SMILES, PC	20-8266255
ROOFCARE, LLC	88-2642114
RWS AMERICA BUILDING PRODUCTS LLC	87-3631531
RYAN, GUNSAULS & O'DONNELL, LLC	45-5297192
Rank Rise Marketing	87-1840529
S. SAUZA D.D.S. P.C.	99-3761209
SAGA PETROLEUM CORP	75-2499152
SAM SAUZA D.D.S.	99-3787091
SERENITY DENTAL	46-4670634
SEYCO INC	46-2588548

SEYFER AUTOMOTIVE, INC.	84-1087398
SHF, LLC	85-2709896
SHOPVENTORY INC	46-2741326
SILVA MANAGEMENT PARTNERS LLC	47-2546681
SIMPLY DELICIOUS, INC.	20-2348986
SLEEPIMAGE	27-1485656
SOUTHWEST MOTORS INC	84-1238076
SPORT OBERMEYER, LTD	84-0511574
STATION AUTOMATION, INC	46-3739856
STEEL REEF BURKE	37-1930866
STEEL REEF US CORP	61-1857779
SUMMIT HEATING AND AIRCONDITIONING, INC	84-1523043
SUMMIT INVESTMENT MANAGEMENT LLC	42-1541104
SUSTAINABLE SUPPLY LLC	26-4015016
SYSTEMS CONTRACTORS, INC	84-0610734
TAB BOARDS INTERNATIONAL, INC.	84-1327420
TERRA SLS, INC.	81-2381036
THE FARM	27-0868699

THE ROTHWELL GROUP, INC.	88-0500965
THE ROTHWELL GROUP, LP	76-0685745
THE SHERMAN AGENCY INC.	84-0590665
THOMAS ROWE DENTISTRY PLLC	47-5393656
TIMBERLINE RECONSTRUCTION LLC	93-4352930
TITAN ROOFING SERVICES, LLC	92-0612726
TRACKTECH, LLC	81-2397211
UNITED STATES FENCING ASSOCIATION	11-6075952
VIEW MORTGAGE, LLC	87-1216793
VITL SOLUTIONS LLC	82-1812310
Variety Firewood	85-0973652
WALDORF SCHOOL ASSOCIATION OF BOULDER INC	742249366
WATERTON INSURANCE GROUP, LLC	87-2317549
WESTERNLAW GROUP LLC	26-1849720
WOLD OIL PROPERTIES HOLDCO, INC.	46-4188796
WOLD OIL PROPERTIES, LLC	83-0260586
XETAWAVE, LLC	27-3322635
ZIM CONSULTING, INC.	20-8447943

ZOCALO COMMUNITY DEVELOPMENT, INC.

20-3522131

dBMEDx, Inc.

27-2942310