

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: HOLTZMAN ENTERPRISES INC. FLEXIBLE BENEFITS PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 03/01/1997
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 43-1367995
2c Plan Sponsor's telephone number: 303-428-3364
2d Business code (see instructions): 812111

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HOLTZMAN ENTERPRISES INC JAN DUNNING CFO 8501 TURNPIKE DRIVE 103 WESTMINSTER, CO 80031	3b Administrator's EIN 43-1367995 3c Administrator's telephone number 314-968-0505																																	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">8</td> </tr> </table>	5		8																														
5		8																																
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: right;">6a(1)</td> <td></td> <td style="text-align: right;">8</td> </tr> <tr> <td style="text-align: right;">6a(2)</td> <td></td> <td style="text-align: right;">7</td> </tr> <tr> <td style="text-align: right;">6b</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">6c</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">6d</td> <td></td> <td style="text-align: right;">7</td> </tr> <tr> <td style="text-align: right;">6e</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">6f</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">6h</td> <td></td> <td></td> </tr> </table>				6a(1)		8	6a(2)		7	6b		0	6c		0	6d		7	6e			6f			6g(1)			6g(2)			6h		
6a(1)		8																																
6a(2)		7																																
6b		0																																
6c		0																																
6d		7																																
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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> </table>	7																																
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 4B 4D 4E 4F

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

**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 HOLTZMAN ENTERPRISES INC. FLEXIBLE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 HOLTZMAN ENTERPRISES INC. FLEXIBLE BENEFITS PLAN	D Employer Identification Number (EIN) 43-1367995

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

AFLAC

(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
58-0663085	60380	82-2723296	7	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 961	(b) Total amount of fees paid 0
---	--

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

DON C SUNDAY

**2037 S GRAY DR
LAKEWOOD, CO 80227**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
647	0		

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

REGINA K SANTANGELO

**6892 S WEBSTER WAY
LITTLETON, CO 80128**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
82	0		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule A (Form 5500) 2024
v. 240311

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

JENNIFER L FOSS

3177 W INDIAN SUMMER LN
CASTLE ROCK, CO 80109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58	0		

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

GREGORY G WAY

1828 SHADOW CREEK DR
CASTLE ROCK, CO 80104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42	0		

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

ZENAT SHARIFF BELKIN

14204 W EVANS CIR
LAKEWOOD, CO 80228

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40	0		

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

VICTOR M GLAZE

402 PLOWMAN CT
FORT COLLINS, CO 80526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0		

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

DAYTON LLC

5445 DTC PKWY, STE 1036
GREENWOOD VILLAGE, CO 80111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0		

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

DAVID G HANCOCK
 PO BOX 423
 LAVON, TX 75166

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		

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

JOSE DE LOS SANTOS III
 15550 E COPPER CREEK LN
 PARKER, CO 80134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0		

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

DAVID V PAYNE
 225 EAGLE CT
 MONROE, MI 48162

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0		

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

JONATHAN SAMUEL KIRKLAND
 1270 HOPEWELL CRST
 ALPHARETTA, GA 30004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		

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

ALLISON FARRIS WENDELBERGER
 207 SANTA FE DR
 WALNUT CREEK, CA 94598

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		

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

JOHN P THOMPSON

6395 S KEWAUNEE WAY, STE 425
AURORA, CO 80016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		

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

KEIFER GROUP INSURANCE AGENCY, LLC

155 INVERNESS DR W STE 300
ENGLEWOOD, CO 80112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		

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

TINA WAY

15550 E COPPER CREEK LN
PARKER, CO 80134

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

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

JOHN P THOMPSON

6395 S KEWAUNEE WAY, STE 425
AURORA, CO 80016

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

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

TANYA L MARTINSON

6395 S KEWAUNEE WAY, STE 425
AURORA, CO 80016

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

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)	0	
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) **▶ AD&D**

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	8443
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. ▶

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

2024

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.)
[X] a single-employer plan [] a DFE (specify)
B This return/report is: [X] 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: [X] 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: HOLTZMAN ENTERPRISES INC. FLEXIBLE BENEFITS PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 03/01/1997
2a Plan sponsor's name (employer, if for a single-employer plan): HOLTZMAN ENTERPRISES INC. FLEXIBLE BENEFITS PLAN
Mailing address (include room, apt., suite no. and street, or P.O. Box): 8501 TURNPIKE DRIVE #103 WESTMINSTER CO 80031
2b Employer Identification Number (EIN): 43-1367995
2c Plan Sponsor's telephone number: 3034283364
2d Business code (see instructions): 812111

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Jan Dunning, Signature of plan administrator, 07/30/2025, JAN DUNNING. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

SIGNATURE CERTIFICATE



REFERENCE NUMBER

F096F337-A409-4F90-9251-B29E106E6E19

TRANSACTION DETAILS

Reference Number

F096F337-A409-4F90-9251-B29E106E6E19

Transaction Type

Signature Request

Sent At

07/30/2025 04:13 PM MDT

Executed At

07/30/2025 04:47 PM MDT

Identity Method

email

Distribution Method

email

Signed Checksum

2d82e0691f4dba11ea8131f13dbf2aac3df107221f1845fc989591cb1cd645ca

Signer Sequencing

Disabled

Document Passcode

Disabled

DOCUMENT DETAILS

Document Name

ACTION ITEM - 2024 5500 Holtzman Enterprises Inc for signature - Jan

Filename

ACTION_ITEM_-_2024_5500_Holtzman_Enterprises_Inc_for_signature_-_Jan_.pdf

Pages

1 page

Content Type

application/pdf

File Size

60.3 KB

Original Checksum

cdf4967134a3f208d1bbf2a7c7e8b8697276c9a244a0ea46ec36d7950b16591c

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Jan Dunning	Status signed	Viewed At 07/30/2025 04:46 PM MDT
Email jdunning@holtzmangc.com	Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	Identity Authenticated At 07/30/2025 04:47 PM MDT
Components 2	IP Address 68.54.32.224	Signed At 07/30/2025 04:47 PM MDT
	Device Microsoft Edge via Windows	
	Typed Signature 	
	Signature Reference ID 71DFB20F	

AUDITS

TIMESTAMP	AUDIT
07/30/2025 04:13 PM MDT	Beca Martinez (bmartinez@reesehenry.com) created document 'ACTION_ITEM_-_2024_5500_Holtzman_Enterprises_Inc_for_signature_-_Jan_.pdf' on Chrome via Windows from 67.223.174.194.
07/30/2025 04:13 PM MDT	Jan Dunning (jdunning@holtzmangc.com) was emailed a link to sign.
07/30/2025 04:46 PM MDT	Jan Dunning (jdunning@holtzmangc.com) viewed the document on Microsoft Edge via Windows from 68.54.32.224.
07/30/2025 04:47 PM MDT	Jan Dunning (jdunning@holtzmangc.com) authenticated via email on Microsoft Edge via Windows from 68.54.32.224.
07/30/2025 04:47 PM MDT	Jan Dunning (jdunning@holtzmangc.com) signed the document on Microsoft Edge via Windows from 68.54.32.224.