

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 [X] 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: [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: MANUFACTURING ASSOCIATION HEALTH PLAN
1b Three-digit plan number (PN): 512
1c Effective date of plan: 01/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan): HENDERSON NEVADA CHAMBER OF COMMERCE, INC.
2b Employer Identification Number (EIN): 88-0071419
2c Plan Sponsor's telephone number: 702-565-8951
2d Business code (see instructions): 813000

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 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	556
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)	549
	6a(2)	524
	6b	5
	6c	0
	6d	529
	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 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 144088255

<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 MANUFACTURING ASSOCIATION HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>512</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HENDERSON NEVADA CHAMBER OF COMMERCE, INC.</p>	<p>D Employer Identification Number (EIN) 88-0071419</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
HEALTH PLAN OF NEVADA

(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
88-0201035	96342	4400000	745	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 207837</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

DISTINCTIVE INSURANCE, AN ALERA GRO **8375 W FLAMINGO RD**
SUITE 102
LAS VEGAS, NV 89147

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37977			3

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

MARK MARTINEZ **229 CHACO CANYON DR**
HENDERSON, NV 89047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16575			3

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

PATRIOT GROWTH INSURANCE SERVICES 501 OFFICE CENTER DR STE 215
FT WASHINGTON, PA 19034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14154			3

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

JKA ENTERPRISES LLC DBA AG INSURANC 10501 W GOWAN RD
#210
LAS VEGAS, NV 89129

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13841			3

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

RAINY JUSTICE 1955 E TROPICANA AVE
STE H
LAS VEGAS, NV 89119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13349			3

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

ACRISURE TEXAS RISK ADVISORS & INC 5740 ARVILLE ST
STE 204
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11325			3

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

USI INSURANCE SERVICES 4225 SOUTH BLVD
SUITE 303
VIRGINIA BEACH, VA 23452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9262			3

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

COREPRIME

1885 VILLAGE CENTER CIR
STE 110
LAS VEGAS, NV 89134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8124			3

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

CRAGIN & PIKE INC

10000 W CHARLESTON BLVD
#200
LAS VEGAS, NV 89135

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7959			3

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

GBS NEVADA INC

7881 W CHARLESTON BLVD STE 155
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7002			3

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

HARRIS INSURANCE SERVICES INC

6445 W SUNSET RD STE 156
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6900			3

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

CAPSTONE BROKERAGE INC.

8681 W SAHARA AVE
STE 100
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6890			3

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

MARSH & MCLENNAN AGENCY LLC 2300 RENAISSANCE BLVD
KING OF PRUSSIA, PA 19406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6756			3

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

RENNO INSURANCE AGENCY P LLC 5940 S RAINBOW BLVD
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6581			3

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

ASSURED PARTNERS OF NEVADA LLC 375 E WARM SPRINGS RD
SUITE 201
LAS VEGAS, NV 89119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5032			3

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

MORRISSEY INSURANCE SERVICES 11920 SOUTHERN HIGHLANDS PKWY
#201
LAS VEGAS, NV 89141

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4554			3

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

CAROTHERS INSURANCE AGENCY 3037 E WARM SPRINGS RD
SUITE 400
LAS VEGAS, NV 89120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4412			3

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

EMPLOYEE BENEFIT SOLUTIONS INC 10161 PARK RUN DR
 SUITE 150
 LAS VEGAS, NV 89145

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4202			3

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

PROFESSIONAL GROUP PLANS 225 WIRELESS BLVD STE 200
 HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3995			3

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

RICHARDS AGENCY 8925 W RUSSELL ROAD STE 100
 LAS VEGAS, NV 89148

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3925			3

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

ASD INSURANCE FINANCIAL SERVICES, I 12404 PARK CENTRAL DR STE 400S
 DALLAS, TX 75251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3422			3

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

INSURANCE OFFICE OF AMERICA INC 4370 LA JOLLA VILLAGE DR STE 600
 SAN DIEGO, CA 92122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3184			3

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

FREY INSURANCE AND BENEFITS 4775 W TECO AVE
STE 225
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2750			3

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

RAURBAZEL CORPORATION 604 JONES BLVD
LAS VEGAS, NV 89107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1852			3

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

NEMIS INSURANCE AGENCY 2120 CANVAS EDGE DR
HENDERSON, NV 89044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1462			3

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

KNOX ASSOCIATES, LLC 2559 ANANI RD
HENDERSON, NV 89044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1262			3

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

AFFORDABLE HEALTH INSURANCE 4974 S. RAINBOW BLVD., #135
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
742			3

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

RONALD SNIDER

PO BOX 400638
LAS VEGAS, NV 89140

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
348			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	

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		3498444
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. ▶

Trade	PG_NAME	Group ID	Group Name	EIN	Parent Group Name	Broker ID
Manufacturing	HENDERSON CHAMBER OF COMMERCE	21000133	ATLAS CRANE INC	201152861	HENDERSON CHAMBER OF COMMERCE	00006005076
Manufacturing	HENDERSON CHAMBER OF COMMERCE	21000832	KITCHEN CONNECTION	880515733	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30000832	ANC INC DBA AMERICAN NUTRITIONAL CORP	943105202	HENDERSON CHAMBER OF COMMERCE	00006005585
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30001196	DPL ENTERPRISES INC DBA AIR CARE	880163315	HENDERSON CHAMBER OF COMMERCE	00000000067
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30001444	COMPETITIVE COMPONENTS DBA NEVADA ASSEMBLY SERVICE	880306037	HENDERSON CHAMBER OF COMMERCE	00006006835
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30001482	ARMAND MANUFACTURING INC	880358575	HENDERSON CHAMBER OF COMMERCE	00000000070
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30001521	JRB GROUP LLC DBA ALPHA GRAPHICS	825202297	HENDERSON CHAMBER OF COMMERCE	00000000123
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30001569	NPRI-O2P LLC	880493498	HENDERSON CHAMBER OF COMMERCE	00000000063
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30001726	PDQ PRINTING LAS VEGAS LLC	203649287	HENDERSON CHAMBER OF COMMERCE	00006009236
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30002251	CLINTON NEVADA	800607079	HENDERSON CHAMBER OF COMMERCE	00000000067
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30002507	THE PREMIUM CONNECTION	880209495	HENDERSON CHAMBER OF COMMERCE	00000000070
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30002543	PROBUS LLC DBA IMAGE 360	873144737	HENDERSON CHAMBER OF COMMERCE	00006005076
Manufacturing	HENDERSON CHAMBER OF COMMERCE	30002559	REBAR MACHINE SERVICES	880265919	HENDERSON CHAMBER OF COMMERCE	00000103438
Manufacturing	HENDERSON CHAMBER OF COMMERCE	50501140	COLOR REFLECTIONS	880340933	HENDERSON CHAMBER OF COMMERCE	00000000545
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60001735	CANAMOULD NEVADA INC	990364126	HENDERSON CHAMBER OF COMMERCE	00000101998
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60002702	PLUS STUDIOS LLC	462499649	HENDERSON CHAMBER OF COMMERCE	00000000165
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60003683	QUICK CHANGE DISPLAY	880451148	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60003945	MODA LLC DBA MODA LIGHT	271426340	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60005613	ROTH LIGHTING LLC	462390122	HENDERSON CHAMBER OF COMMERCE	00006004356
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60005637	BATTLE ARMS DEVELOPMENT INC	264783107	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60005783	CALANNA DESIGN INC	463740461	HENDERSON CHAMBER OF COMMERCE	00006005585
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60005972	DIAMOND DIGITAL LLC	680632265	HENDERSON CHAMBER OF COMMERCE	000000085186
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60006363	SIMTECH US LLC	320533138	HENDERSON CHAMBER OF COMMERCE	00006009351
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60006376	FEATURE LLC	273893682	HENDERSON CHAMBER OF COMMERCE	00000000426
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60006494	JAYS SHARPENING SERVICE INC	880413864	HENDERSON CHAMBER OF COMMERCE	00006009351
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60006530	CURTIS STEEL COMPANY INC DBA CURTIS STEEL	880334350	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60006554	DESERT EAGLE INDUSTRIES DBA DESERT EAGLE STONE	752986036	HENDERSON CHAMBER OF COMMERCE	00006009137
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60006638	WOODSTOCK ARCHITECTURAL PRODUCTS	455079117	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60006995	LED UNPLUGGED LLC	475274933	HENDERSON CHAMBER OF COMMERCE	00006004356
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60007576	PURE ESSENCE LABORATORIES INC	860886311	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60007890	KNEXTEC LLC	831930255	HENDERSON CHAMBER OF COMMERCE	00006009236
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60007922	SUMMIT DOOR & TRIM LLC	821045485	HENDERSON CHAMBER OF COMMERCE	000000098413
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008104	GREENWAY MEDICAL LLC	465075976	HENDERSON CHAMBER OF COMMERCE	00006006835
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008180	AA PRINTING SERVICE INC	824579721	HENDERSON CHAMBER OF COMMERCE	000000084684
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008233	REBEL STRIKE LLC	881823432	HENDERSON CHAMBER OF COMMERCE	00006009167
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008250	FORUM STUDIOS LLC	463331075	HENDERSON CHAMBER OF COMMERCE	00006003896
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008332	CUSTOM CLOSET SYSTEMS	203915082	HENDERSON CHAMBER OF COMMERCE	000000085186
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008372	MJSK AGENCY LLC DBA CHEROKEE BLIND & DOOR	822027635	HENDERSON CHAMBER OF COMMERCE	00000105407
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008691	BEAR ROOTZ INC	861177902	HENDERSON CHAMBER OF COMMERCE	00006009167
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008722	FUSION PRINT AND MKTING LLC	475569222	HENDERSON CHAMBER OF COMMERCE	00000000067
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008807	DB STONE LLC DBA DB STONE	934417292	HENDERSON CHAMBER OF COMMERCE	00006009481

Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008824	PETERSON CUSTOM WOODCRAFTS LLC DBA PCW CUSTOM CABI	811657655	HENDERSON CHAMBER OF COMMERCE	00006006835
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008828	ARBITECH LLC	330907636	HENDERSON CHAMBER OF COMMERCE	00006008495
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008853	RECHARGEABLE POWER ENERGY NORTH AMERICA LLC	454917044	HENDERSON CHAMBER OF COMMERCE	00006009516
Manufacturing	HENDERSON CHAMBER OF COMMERCE	60008889	M&Q INC	612054442	HENDERSON CHAMBER OF COMMERCE	00006009516