

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 ADAMS KEEGAN EMPLOYER PAID LIFE BENEFITS PLAN
1b	Three-digit plan number (PN) ▶ 505
1c	Effective date of plan 01/01/2007
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) ADAMS KEEGAN INC. 6750 POPLAR AVENUE SUITE 400 MEMPHIS, TN 38138
2b	Employer Identification Number (EIN) 62-1311326
2c	Plan Sponsor's telephone number 901-683-5353
2d	Business code (see instructions) 561300

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.	07/16/2026	MARTY B. BARTON
	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 ☒ 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 3474
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) 3474 6a(2) 3535 6b 0 6c 0 6d 3535 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 Characteristic Codes in the instructions:

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

4B 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ 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) ☐ **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan ADAMS KEEGAN EMPLOYER PAID LIFE BENEFITS PLAN	B Three-digit plan number (PN) ▶	505
C Plan sponsor's name as shown on line 2a of Form 5500 ADAMS KEEGAN INC.	D Employer Identification Number (EIN) 62-1311326	

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.
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1 Coverage Information:

(a) Name of insurance carrier UNUM LIFE INSURANCE COMPANY OF AMERICA

(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
01-0278678	62235	110723	3535	01/01/2025	12/31/2025

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.
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(a) Total amount of commissions paid 23120	(b) Total amount of fees paid 2890
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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 THE JAMES GROUP, LLC 6750 POPLAR AVENUE SUITE 208 MEMPHIS, TN 38138
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23120	2890	COMMISSIONS TO BROKER AND ADDITIONAL COMPENSATION PAID TO BROKER	3

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

(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. Specify nature of costs ▶	6d	

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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	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)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	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	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) ▶ **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)	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 ☐ paid in cash, or ☐ 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	231204
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. ▶

Name	Ein
KBG Technologies, LLC	823974982
Rees Memphis Acquisition LLC	994456349
Bloom, Inc.	82-4493285
Memphis Fourth Estate, Inc.	825339555
Washington Metrorail Safety Commission	82-4796176
Autumn Ridge	832534172
Veritas Senior Living, LLC	824731884
Gaines Park Senior Living	832534172
Vantage Pointe Village	832534172
Orchard Ridge Residence	832534172
Lake Shore Associates, Inc	204336668
The Avenue Community Church	824657921
Consilience Group, LLC	62-1828710
Raising A Reader MA, Inc.	800297898
Uinta Medical, LLC	842696043
Pets Wellness Alliance LLC	842673546
PWA Operations LLC	843428543
AHEAD	341265325
Senior By Design, LLC	811593660
HealthmarkIT Consulting	472075430
BBB Wise Giving Alliance	52-1070270
BLDG Memphis	62-1514675
Weeping Willow Holdings, LLC	871203450
Physicians Urgent Care, LLC	640907721
TCB Truck Center, LLC	862295535
Heart Center USA, Inc.	611898857
Journey Advisory Group, LLC	471164712
Cold Bore Capital Management, LLC	822303930
CBC Operations Group LLC	844807998
RNA Advisors, LLC	473288017
Thnks	475466636
Spectrum, Inc.	621749069
Northern, Inc.	621417510
Center For Organizational Excellence	521447013
Lobo Energy, Inc.	850459211
America's Family Doctors, PLLC	710879365
Mayor's Institute for Excellence in Gvt	45-3699291
Technology Happens LLC	460910792
AIMBE	237089693
Spartan Orthopaedics, LLC	261111426
RedMed, LLC	463878759
OrthoXpress Holding Company, LLC	844121325

Scoiattolo Capital, LLC	300779918
Crossroads Hospitality LLC	994047240
Two Capes Lookout	862924169
Hukano Infra LLC	333451933
Crosstown Arts	271876711
Epicenter	820904035
Memphis Botanic Garden	237159172
Friends Life Community	412242504
Pine Valley Country Club	560614875
Scrubbastic Holdings, Inc.	882108298
Scrubbastic, LLC	263105601
Scrubbastic of Tennessee, LLC	462328572
Scrubbastic of Texas, LLC	272608544
Scrubbastic of Rockwall, LLC	873291687
Scrubbastic of Henderson, LLC	882425534
Mascom Communications, Inc.	621641510
Coast to Coast Solutions, Inc.	900144766
Creative Product Source, Inc.	263084278
MAS Modern Marketing, Inc.	621867950
GSL Management Corporate	393795136
UrbanArt Commission	621791387
Hattiloo Theatre	204225394
Peer Power-Youth Employment	202069907
Ultimate Impression	364719250
ARISE2Read	47-3370656
Champion Promotion	620888797
Sugar Services LLC	20-2184191
Macaroy Company	621384351
Sweetex, Inc.	760062388
Carpenter Art Garden	82-2322015
Andrew Pinckney Inn, LLC	57-1111266
Agency Services, Inc	62-1011842
NuBody Concepts	475037503
Sunshine Corp	621085448
Civic Condominium, Inc.	621149740
Rockcreek Plaza, LP	621492143
Edgewater Terrace Apartments, LP	621492141
Riverdale Plaza Apartments, LP	621533937
Woodchase Apartments, LP	621550521
First Signal, LLC	201172889
TiVerity Consulting, Inc.	260070606
Innova Memphis, Inc.	261475248
Airborne Flying Service, Inc.	710665597

Memphis Management Partners, LLC	464870856
Memphis Education Fund, Inc.	47-3660677
Evercompounds, LLC	473036618
Enjoin	62-1127194
Memphis Brand	37-1831645
City of Memphis and Shelby County CRA	47-1283946
Go Outdoors Savannah LLC	880838779
Go Outdoors Concord LLC	880838779
Go Outdoors Louisville LLC	880838779
Go Outdoors Elm Hill LLC	880838779
Go Outdoors Torch River LLC	880838779
Go Outdoors Blue Turtle LLC	880838779
Go Outdoors Drakes LLC	880838779
Go Outdoors Buffalo LLC	880838779
Go Outdoors Oconee LLC	880838779
Go Outdoors Elm Hill - RV Resort	880838779
Go Outdoors Hartwell LLC	880838779
International Cheer Union	26-0403050
Aperture Hotels	415195822
Columbus I-Hilton Garden Inn	883652655
Columbus II-Homewood Suites	883652655
Gulf Breeze-Hampton Inn	883652655
Pearland Courtyard	883652655
Madison Courtyard	883652655
Madison Fairfield Inn and Suites	883652655
Madison Hampton Inn	883652655
Peoria Fairfield Inn and Suites	883652655
Tuscaloosa Hotel Indigo	883652655
Gulf Breeze Home2	883652655
Murfreesboro Hampton Inn and Suites	871587059
C&C Investment Factory LLC	881328861
Miramar Beach Evoke	883652655
Lebanon Hampton Inn	883652655
Midland Hampton	883652655
Baytown Hampton	883652655
Cookeville Hampton Inn	883652655
Nash Haus	883652655
Stones River Inn and Suites	883652655
Murfreesboro Central	883652655
Cookeville Holiday Inn Express	883652655
Hotel Spero - RM Jaspers FL	933903625
Clair Tappaan Lodge	415229109
Stoughton Tru	415229109

Austin Hampton	384013946
Memphis Hampton Inn	883652655
Memphis Embassy Suites	883652655
Atlanta Vinings Hotel Indigo	415229109
Destin TownePlace Suites	883652655
First Choice Sales & Marketing Group	621334618
RS Lewis Funeral Home	455190362
Advance Beauty Care	261094403
Guthrie's at Dexter Rd	332513542
Guthrie's at Germantown Pkwy	332513542
The Burrough's Foundation	264023365
Guthrie's Oxford	332513542
Guthrie's Collierville	332513542
Retro Hospitality, LLC	464649348
RH Staunton, LLC - Blackburn Inn	823715097
RH QUIRK RVA, LLC- Quirk Hotel Richmond	874322254
Guthrie's Olive Branch	332513542
RH Petersburg	933342325
Entrepreneurial Partners LLC	874127438
Roaring Gap Club, Inc.	560939382
Guthrie's Whitehaven	332513542
Wright Investments, Inc.	621144800
Four Points by Sheraton, Memphis, TN PPK	621362334
Fairfield Inn & Suites C'Ville, TN FFC	621362334
Residence Inn Memphis, TN MRI	621362334
Courtyard Winston Salem, NC WIN	621362334
Hampton Hilton Head, SC HH2	621362334
Hampton Inn Jackson Hole, WY JHW	621362334
Grand Adirondack Hotel LKP	621362334
Wright Investments, Inc - Hourly	621144800
Fairfield Inn & Suites Arlington, TN FFA	621362334
Hampton Myrtle Beach-Northwood HMB	621362334
Homewood Suites Jackson, WY HWJ	621362334
SpringHill Suites - Arlington, TN SHA	621362334
Peer Power-Core Program	202069907
Duncan Williams Farm, Inc.	621320230
Williams Holding Company	621089340
Brown Missionary Baptist Church	621081076
Jewish Community Partners, Inc.	473329119
ACTS Career Center	640939299
Mid South Genesis Community Dev Corp	853738695
Long Cove	570752304
CSG Advisors Incorporated	58-2419370

GHS	20-5362367
Candlewood Suites Louisville North	261716028
Home2 Suites Clarksville Louisville N	82-2774470
Holiday Inn Express & Suites Smyrna-Nash	20-8153729
Holiday Inn Express Louisville Airport	47-4077176
Hampton Inn New Albany Louisville West	65-1194493
Grayson Pediatrics, LLC	46-5630985
Community Attributes Inc	202947763
Ave Maria Home, Inc.	620561701
The Ivy Hotel	47-1475567
The Willows Hotel	47-1475567
Majestic Hotel	47-1475567
City Suites Hotel	47-1475567
The H Hotel	932300457
N.J. Ford & Sons Funeral Home	621114216
Serenity Funeral Home	462204864
Currey & Company, Inc.	582210634
American Book Company Inc	582272243
Environmental Engineering Service	311669796
Southern Grandeur Real Estate Group, Inc	812216350
Advantum Health	463683418
Preteckt Inc.	473890730
MGM	46-2059493
B&R Painting Contractors, Inc.	581791965
Junior Achievement of Memphis MidSouth	62-0549549
Camp Margaritaville	844374740
Evolved Gear, LLC	850897701
Intonu, LLC	262901328
Eleven09, LLC	822631341
Rock Drill Sales & Service, Inc.	582435135
Umbrella Pediatrics - Richmond	861448700
Memphis Brooks Museum of Art, Inc	626063304
The Howard Company of the Southeast Inc.	592876462
GB Retail, LLC	271124134
DOMEMP II, LLC	934487867
RH - Retro Bee LLC	992841349
RH - Retro Holbrook LLC	992870889
RH - Retro Lofts LLC	992890353
The Pat Summitt Foundation	332018229
Hotel Petersburg	991853327
Art of Drawers	933983756
Umbrella Pediatrics - University Place	861448700
Fluid Transport LLC	331851776

Room In The Inn Memphis	463112227
Collage Dance Collective	205888512
Spencer Heating & Air Conditioning, Inc.	581622993
Log Lighter Sales, Inc.	582012096
Sun City	860774248
Regal Lager, Inc.	581935523
Mahx F. Linster, Inc.	581264599
Avgroup, Inc.	581144559
Alternate Energy Systems, Inc.	582429102
BRG Financial LLC	462589155
American Boatbuilders Association, Inc.	621509786
Community Housing Capital, Inc.	943398998
Krypton Fund Services USA, Inc.	862938311
RayPaul Coating, Inc.	581976232
Specialty Engraving Co., Inc.	581048159
Checkered Flag Concepts, LLC	461102628
Corporate Health Partners, LLC	463840291
Media Lodge LLC	300819135
Georgia Transplant Foundation	582075193
Pediatric Business Support Network, LLC	921546104
Cargo Brokers International, Inc.	570730168
Claddagh Consulting INC	20-0072125
Cogitate Technology Solutions, Inc.	460826574
FC Foundation, LLC	825257517
FL Fish&Wildlife Conservation Commission	593105845
SaaSOptics, LLC	27-0861656
Atlanta Energy Specialists, Inc.	582310198
Kate's Club Inc.	161646487
Centerstream STL LLC	814502636
Matrix Surgical USA	453812266
Sequent, Inc.	270016384
The Cambridge	872974145
The Landings of Canton Hills	861892251
Fond du Lac Cold Storage L.L.C	223566648
Chilled Solutions, LLC	464071029
DNT Express Logistics - Clyde	854327133
DNT Express Logistics - Albany	854327133
Contineo Group, LLC	272199460
The Virtus Solution	32-0598801
BluTech Lenses, LLC	474901665
Robert Trent Jones Golf Club Inc.	561731956
MSB Compliance Inc.	753225008
Kamine Technology Group, LLC	201932233

ENT Consultants of North Atlanta, LLC

992074829