



# CERTIFICATE OF LIABILITY INSURANCE

5/21/2019

DATE (MM/DD/YYYY)

5/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Insurance Co.		18058
INSURER B: The Hartford Insurance Pool		
INSURER C: Trumbull Insurance Company		27120
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
1440913 Pediatric Therapy Services, LLC  
DBA The Stepping Stones Group  
2586 Trailridge Dr E Ste 100  
Lafayette, CO 80026

**COVERAGES** CERTIFICATE NUMBER: 15371418 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	PHPK1823136	5/21/2018	5/21/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	39 UUN HF7003	5/21/2018	5/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTIONS	Y	Y	PHUB629971	5/21/2018	5/21/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	39 WE BX 6853	5/21/2018	5/21/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	N	N	PHPK1823136	5/21/2018	5/21/2019	\$1M Each wrongful act / \$3M aggregate \$5,000 Each Claim Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insureds include: Pediatric Therapy Services, LLC DBA Stepping Stones Group, Cumberland Therapy Services, LLC, 101 Therapy Staffing, Inc., My Therapy Company, LLC, AlphaVista Services, Inc., AlphaVista Holdings, Inc., Staffing Options and Solutions, LLC, and Cobb Pediatric Speech Services, Inc. dba Cobb Pediatric Therapy Services. Mt. Diablo Unified School District is listed as an additional insured with respects to the General Liability policy as per written contract.

**CERTIFICATE HOLDER**

15371418  
Mt. Diablo Unified School District  
1936 Carlotta Dr.  
Concord CA 94519

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Michael G. Calabrese*

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
PRIMARY AND NON-CONTRIBUTORY INSURANCE**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Effective Date:** 05/21/2018

**Name of Person or Organization (Additional Insured):**

When required by contract.

Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord, CA 94519

**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE.**

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

**POLICY DECLARATIONS PAGE  
SEXUAL OR PHYSICAL ABUSE OR MOLESTATION  
VICARIOUS LIABILITY COVERAGE FORM**

***PLEASE READ THIS POLICY CAREFULLY.***

POLICY NO. PHPK1823136

Effective date: 05/21/2018  
12:01 A.M. Standard Time

<b>LIMIT OF INSURANCE</b>	
AGGREGATE LIMIT	\$ 3,000,000
EACH ABUSIVE CONDUCT LIMIT	\$ 1,000,000
<b>BUSINESS DESCRIPTION</b>	
Form of Business: LLC	
Business Description: Temporary Staffing Agencies	
<b>FORMS AND ENDORSEMENTS</b> (Other than Applicable Forms and Endorsements Shown Elsewhere in the Policy)	
Forms and Endorsements Applying to this Coverage Part and Made Part of this Policy at Time of Issue:	
<b>SEE SCHEDULE</b>	

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS  
CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****SEXUAL OR PHYSICAL ABUSE OR MOLESTATION  
VICARIOUS LIABILITY COVERAGE FORM SUBLIMIT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY****SCHEDULE****SEXUAL OR PHYSICAL ABUSE OR MOLESTATION VICARIOUS LIABILITY COVERAGE  
SUBLIMITS:**

Each "Abusive Conduct" Limit:	\$ 4,000,000
Aggregate Limit:	\$ 4,000,000

This policy is intended to include the Sexual or Physical Abuse or Molestation Vicarious Liability Coverage form, but only with the limits set forth above. These limits are included within, and not excess of, nor in addition to the Limits of Insurance stated in the Declarations.

The coverage provided will follow the same provisions, exclusions and limitations that are contained in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance unless otherwise directed by this policy, or an endorsement to this policy.

To the extent such provisions differ or conflict, the provisions of this policy will apply. However, the coverage provided under this policy will not be broader than that provided by the applicable "underlying insurance."

Any per location or per project aggregate limit of insurance that is extended in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance will not apply to the coverage provided by this endorsement.

All other terms and conditions of this policy remain unchanged.

**e. Athletics Activities**

To a person injured while taking part in athletics.

**H. Supplementary Payments**

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B**, Items 1.b. and 1.d. are amended as follows:

- b. The limit for the cost of bail bonds is changed from \$250 to \$2,500; and
- d. The limit for loss of earnings is changed from \$250 a day to \$500 a day.

**I. Employee Indemnification Defense Coverage**

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** is amended to include the following:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding.

The most we will pay for any "employee" who is directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits."

**J. Who is An Insured**

**SECTION II – WHO IS AN INSURED** is amended as follows:

**1. Newly Acquired or Formed Organization**

If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is amended to read:

- a. Coverage under this provision is afforded until the end of the policy period;
- 2. Each of the following is also an insured:
  - a. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
  - b. **Blanket Additional Insureds When Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

- c. **Interns** – Your interns only while performing duties related to the conduct of your business.
- d. **Contractors** – Any individual or organization under written contract or written agreement with you who provides “staffing services” on your behalf and at your direction for your clients.

**K. Duties in the Event of Occurrence, Offense, Claim or Suit**

1. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 2.a.** the requirement that you must see to it that we are notified as soon as practicable of an “occurrence” or an offense, applies only when the “occurrence” or offense is known to:
  - a. You, if you are an individual;
  - b. A partner, if you are a partnership; or
  - c. An "executive officer" or insurance manager, if you are a corporation.
2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 2. b.** the requirement that you must see to it that we receive notice of a claim or “suit” as soon as practicable will not be considered breached unless the breach occurs after such claim or “suit” is known to:
  - a. You, if you are an individual;
  - b. A partner, if you are a partnership; or
  - c. An "executive officer" or insurance manager, if you are a corporation.

**L. Transfer of Rights of Recovery Against Others To Us**

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us** includes the following clarification:

Therefore, the insured can waive the insurer’s rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

**M. Liberalization**

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended to include the following additional condition:

**Liberalization**

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

**N. Unintentional Failure To Disclose Hazards**

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended to include the following additional condition:

**Unintentional Failure To Disclose Hazards**

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period

**Philadelphia Indemnity Insurance Company**

**Form Schedule – Sexual or Physical Abuse or Molestation**

**Policy Number:** PHPK1823136

**Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:**

<b>Form</b>	<b>Edition</b>	<b>Description</b>
PI-SO-008D	1198	Policy Dec - Sexual or Physical Abuse or Molestation
PI-ARB-1	0403	Binding Arbitration
PI-SO-008	0199	Sexual or Physical Abuse or Molest Liab - Occurrence
PI-SO-013	0205	Employee Defense Coverage

POLICY NUMBER: PHUB629971



**PHILADELPHIA**  
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax 610.617.7940  
PHLY.com

## COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	115266 Lockton Companies, LLC 751 Arbor Way, Suite 250 Blue Bell, PA 19422  (215) 583-9200
NAMED INSURED: Pediatric Therapy Services, LLC DBA Stepping Stones Group  MAILING ADDRESS: 2586 Trailridge Dr E Ste 100 Lafayette, CO 80026-3111  POLICY PERIOD: FROM <u>05/21/2018</u> TO <u>05/21/2019</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>5,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>5,000,000</u>	Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>5,000,000</u>	
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>5,000,000</u>	

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>



POLICY NUMBER: PHUB629971

<b>PREMIUM</b>	
PREMIUM SUBTOTAL	\$ <u>9,222.00</u>
STATE TAXES, FEES, SURCHARGES (if applicable)	<u>\$Not Applicable</u>
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ <u>9,222.00</u>

AUDIT PERIOD:	<input checked="" type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
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<b>DESCRIPTION OF BUSINESS</b>
<p>FORM OF BUSINESS: <u>LLC</u></p> <p>BUSINESS DESCRIPTION: <u>Temporary Staffing Agency Umbrella</u></p>

**ENDORSEMENTS ATTACHED TO THIS POLICY**

<b>SEE ATTACHED SCHEDULE</b>

POLICY NUMBER: PHUB629971

<b>SCHEDULE OF UNDERLYING INSURANCE</b>			
<b>Employers' Liability</b>			
Company:	SEE EMPLOYERS' LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS		
Policy Number:	_____		
Policy Period:	_____		
Minimum Applicable Limits			
Bodily injury by accident	\$ _____	Each Accident	
Bodily injury by disease	\$ _____	Each Employee	
Bodily injury by disease	\$ _____	Policy Limit	
<b>Commercial General Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made			
Company:	Philadelphia Indemnity Insurance Company		
Policy Number:	PHPK1823136		
Policy Period:	05/21/2018 05/21/2019		
Retroactive Date:	Not Applicable		
Minimum Applicable Limits:			
General Aggregate	\$ _____	3,000,000	
Products-Completed Operations Aggregate	\$ _____	3,000,000	
Personal And Advertising Injury	\$ _____	1,000,000	
Each Occurrence	\$ _____	1,000,000	
<b>Commercial Auto Liability</b>			
Company:	The Hartford		
Policy Number:	34 UUNVT9797 K2		
Policy Period:	05/21/2017 05/21/2018		
Minimum Applicable Limits			
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ _____	Not Applicable	
Each Accident	\$ _____	1,000,000	
<b>Professional Liability</b> <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made			
Company:	Philadelphia Indemnity Insurance Company		
Policy Number:	PHPK1823136		
Policy Period:	05/21/2018 05/21/2019		
Retroactive Date:	07/01/2009		
Minimum Applicable Limits			
Each Professional Incident	\$ _____	1,000,000	
Aggregate	\$ _____	3,000,000	

POLICY NUMBER: PHUB629971

<b>Employee Benefits Liability</b>		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1823136</u>			
Policy Period: <u>05/21/2018</u> <u>05/21/2019</u>			
Retroactive Date: <u>05/21/2015</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
<b>Abuse or Molestation</b>		<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1823136</u>			
Policy Period: <u>05/21/2018</u> <u>05/21/2019</u>			
Retroactive Date: <u>Not Applicable</u>			
Minimum Applicable Limits			
<u>Each Abusive Conduct</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>3,000,000</u>	
<b>Directors &amp; Officers Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	
<b>Liquor Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	

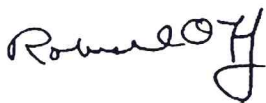
POLICY NUMBER: PHUB629971

<b>Watercraft Liability</b>	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
<b>Other Coverages Not Included in Above</b>	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
_____		
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



President



Secretary

## EMPLOYERS' LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

**Employers' Liability**

Company: Republic Indemnity Company of America

Policy Number: 25088302

Policy Period: 05/21/2017 05/21/2018

Minimum Applicable Limits

Bodily injury by accident	\$	1,000,000	Each Accident
Bodily injury by disease	\$	1,000,000	Each Employee
Bodily injury by disease	\$	1,000,000	Policy Limit

**Employers' Liability**

Company: The Hartford

Policy Number: 34 WE BX6853

Policy Period: 05/21/2017 05/21/2018

Minimum Applicable Limits

Bodily injury by accident	\$	1,000,000	Each Accident
Bodily injury by disease	\$	1,000,000	Each Employee
Bodily injury by disease	\$	1,000,000	Policy Limit

**Employers' Liability**

Company: Philadelphia Indemnity Insurance Company

Policy Number: PHPK1823136

Policy Period: 05/21/2018 05/21/2019

Minimum Applicable Limits

Bodily injury by accident	\$	1,000,000	Each Accident
Bodily injury by disease	\$	1,000,000	Each Employee
Bodily injury by disease	\$	1,000,000	Policy Limit

**Employers' Liability**

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Bodily injury by accident	\$		Each Accident
Bodily injury by disease	\$		Each Employee
Bodily injury by disease	\$		Policy Limit

# Philadelphia Indemnity Insurance Company

## Named Insured Schedule

**Policy Number:** PHUB629971

My Therapy Company.com, Inc.

My Therapy Company, LLC

Cumberland Therapy Services, LLC

AlphaVista Services, Inc.

101 Therapy Staffing, Inc.

AlphaVista Holdings, Inc.

My Therapy Company SPED, LLC

Staffing Options and Solutions, LLC