2025

Benefits Guide

January 1 – December 31, 2025

Trinidad Benham Corporation

Columbia Bean & Produce
Quality Since 1952

HONEST ORIGINS INC
CLEAN INGREDIENTS

Treasure Valley Seed Co.

ARIZONA FLEXIBLE PACKAGING

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits but is not a comprehensive summary of each benefit plan. Please review the benefit plan documents on the benefits website **www.trinidadbenefits.com** for full plan details.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

You will need to provide documents proving the dependents enrolled under your plan(s) meet the definition of eligible dependents. Carrying coverage for an ineligible dependent(s) will result in immediate termination of benefits and require you to pay back premiums for the month(s) you had an ineligible dependent(s) covered.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 31 days of your date of hire.
- If you fail to enroll on time, you will NOT have benefits (except for company-paid benefits).
- Benefits elected are effective January 1 – December 31, 2025.

***Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program (CHIP)

Making Changes

To change your benefit elections, you must initiate a life event within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

When Coverage Ends

If you terminate employment with Trinidad Benham your medical, dental, and vision coverage ends on the last day of the month in which your employment was terminated. Most other benefits end on your last day of employment. Following your termination, you will be eligible to continue your medical, dental, vision and Flexible Spending Account (FSA) coverage under COBRA. Information will be sent to your home address shortly after your termination.

Inside

Enrollment

To enroll in benefits or make changes due to a qualifying event we are here to help. Call the benefits center 888-598-2040, English and Spanish representatives available between 7:00am – 5:00pm Central time, Monday – Friday or by visiting the **Bswift** benefits enrollment portal available through your Paylocity account.

Benefits Website

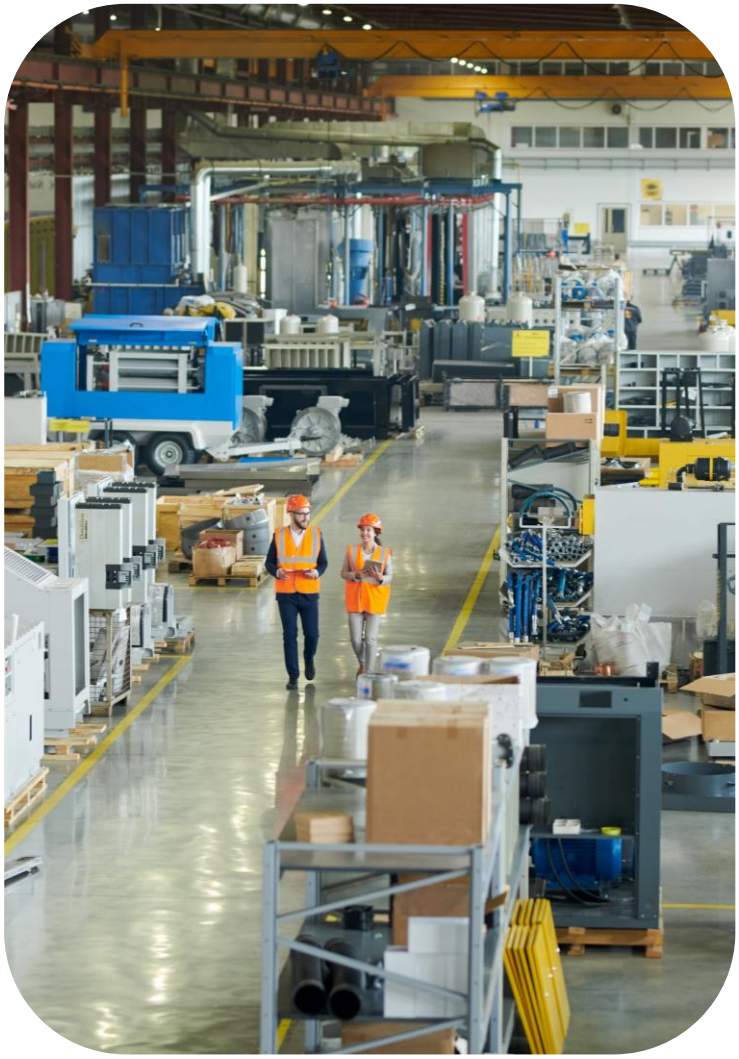
Visit the benefits website at www.trinidadbenefits.com for more information.

Retirement Plans

Employee Stock Ownership Plan (ESOP)

Trinidad Benham is a 100% employee-owned Company. Our ESOP is an employee retirement benefit plan that enables you to have ownership in our Company and gives all of us the opportunity to collectively benefit from the efforts we put into our jobs beyond just receiving a paycheck. Better Company performance over time translates into financial benefit for employee-owners. Employee Ownership provides both tangible financial benefits in the form of a retirement plan and intangible benefits that come from being a part of a community of people all working toward the same goals and ultimately working for each other. And all of this is provided at **NO COST to you!**

The ESOP is a company paid retirement benefit in which employees are allocated shares of company stock. This is a unique retirement benefit that less than 1% of U.S companies offer to their employees. Employees automatically become participants in the ESOP on January 1st following your hire date. Every year an annual discretionary contribution is allocated to your individual account. Your account is fully vested after 3 years of service. In recent years the contribution allocated to individuals accounts has been approximately 10% of eligible compensation.



401(k) Plan*

Saving for retirement takes time and careful planning. There is no better time to start saving for a quality future than today. In addition to the ESOP Plan, Trinidad Benham sponsors a 401(k) plan which is administered through Fidelity Investments. You are eligible to contribute to the 401(k) plan on the first of the month following your hire date. Through regular payroll deductions you can contribute between 1% and 60% of your base salary, up to the IRS limit on a pre-tax or Roth basis.

- Employees age 50 and older may also contribute an additional “catch-up” contribution up to the IRS annual limit (catch-up deferrals not eligible for employer match).
- Company Matching Contributions: You are eligible for company matching contributions on the first day of the month following your hire date. Once eligible, Trinidad Benham will match 50% of the first 4% of compensation that you contribute to the plan. If you contribute at 4% or higher you will ensure that you receive the maximum Company match. The employer match from Trinidad will be made on a pre-tax basis.
- Highly compensated employees will be limited to a 5% deferral.

Pre-Tax 401(k) Option:

- Contributions are made pre-tax reducing your current taxable income
- Distributions in retirement are taxed as ordinary income
- Withdrawals of contributions and earnings are taxed
- May be rolled over to a traditional IRA with no tax payments

Roth 401(k) Option:

- Unlike the traditional pre-tax 401(k), the Roth 401(k) allows you to contribute after-tax dollars to your account and then withdraw tax-free dollars when you retire.
- Qualified distributions in retirement are not taxed
- May be rolled over directly to a Roth IRA with no tax payments

401(k) Vesting:

- You will always be 100% vested in any amount you contribute. Vesting for the company match is:

Years of Service	Percentage Vested
Less than 3 years	0% vested
3 years or more	100% vested

*Part-time and full-time employees are eligible to participate in our 401(k) benefit.

Medical Plans

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD), which can be found on the benefits website.

BlueClassic PPO Plans

Both the BlueClassic PPO Traditional Plan and BlueClassic Balanced Plan give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem network. The calendar-year deductible must be met before certain services are covered.

If you choose to be seen by Out-of-Network providers, you are responsible for notifying Anthem before you receive certain services, such as (and not limited to), Inpatient Hospital Confinements, Transplants, and Outpatient dialysis.

Key Medical Benefits	Anthem BlueClassic PPO Traditional Plan		Anthem BlueClassic PPO Balanced Plan	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$1,000 / $2,000	$2,000 / $4,000	$3,500 / $7,000	$7,000 / $14,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	$4,000 / $8,000	$11,200 / $22,400	$6,000 / $12,000	$14,000 / $28,000
Covered Services				
Office Visits (primary care physician/specialist)	$25 / $50 copay	40%*	$25 / $50 copay	40%*
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Telehealth / Virtual Care through LifeHealth (PCP/Specialist)	$0 / $50 copay	40%*	$0 / $50 copay	40%*
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	20%*	40%*
Complex Imaging	20%*	40%*	20%*	40%*
Chiropractic	$25 copay	40%*	$25 copay	40%*
Ambulance	20%		20%	
Emergency Room	$150 copay then 20% - deductible does not apply		$150 copay then 20% - deductible does not apply	
Urgent Care Facility	$50 copay per visit, then 20% coinsurance, deductible does not apply	40%*	$50 copay per visit, then 20% coinsurance, deductible does not apply	40%*
Inpatient Hospital Stay	20%*	40%*[2]	20%*	40%*[2]
Outpatient Surgery	20%*	40%*	20%*	40%*
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)				
Retail Pharmacy (30-day supply)	$10 / $30 / $50 / 20% up to max of $250	$10 / $30 / $50 / 20% up to max of $250	$10 / $30 / $50 / 20% up to max of $250	$10 / $30 / $50 / 20% up to max of $250
Mail Order (90-day supply)	$20 / $60 / $100 / 20% up to a max of $500	Not covered	$20 / $60 / $100 / 20% up to max of $500	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. $500 inpatient confinement deductible applies to Out-of-Network prior to the overall deductible

Dental Plans

Delta Dental DPPO: These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network. **It is strongly recommended that you have your dentist pre-authorize any dental treatment over $300.**

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD), which can be found on the benefits website.

Key Dental Benefits	PPO Plus Premier Base Plan			PPO Plus Premier Buy-Up Plan		
	PPO Dentist[1]	Premier Dentist[2]	Non- Participating Dentist[3]	PPO Dentist1	Premier Dentist[2]	Non-Participating Dentist[3]
Deductible (per calendar year)						
Individual / Family	$50 / $100			$25 / $75		
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)						
Per Individual	$1,500			$2,000		
Covered Services						
Preventive Services	No charge			No charge		
Basic Services	20%*			20%*		
Major Services	50%*			50%*		
Orthodontia (Child & Adult)	50% up to $1,500 Lifetime Maximum Benefit (Children only up to age 19)			$2,000 Lifetime Maximum Benefit (Child & Adult)		

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. **PPO Dentist:** Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
2. **Premier Dentist:** Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.
3. **Non-Participating Dentist:** Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Vision

The **Vision Service Provider (VSP)** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network. Following is a high-level overview of coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD) which can be found on the benefits website.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10	Up to $45
Materials Copay	$25	Up to $70
Lenses (once every 12 months) Single Vision	Included	Up to $30
Bifocal		Up to $50
Trifocal		Up to $65
Frames* (once every 24 months)	$200 allowance then 20% off	Up to $70
Contact Lenses (once every 12 months; in lieu of glasses)	$200 allowance; Up to $60 for contact lens fitting exam	Up to $105

Cannot receive contact lens and frame benefit in the same year.

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered **through Anthem.** FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. **To enroll in FSA, you must call the call center.**

Health Care FSA

For 2025, you may contribute up to $3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles Prescriptions and Over-the-Counter Drugs
- Menstrual Care
- Dental treatment Orthodontia
- Eye Exams, Materials, LASIK

For a complete list of eligible expenses, visit **www.irs.gov/pub/irs-pdf/p502.pdf.**

Dependent Care FSA

For 2025, you may contribute up to $5,000 (per family) to cover eligible dependent care expenses ($2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit **www.irs.gov/pub/irs-pdf/p503.pdf.**

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules.

It is important to estimate your expenses carefully each year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 2026, and must file claims by March 31, 2026.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Voluntary Benefits

Our benefit plans are here to help you and your family live well-and stay well. But did you know you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

Aflac Accident Insurance*

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Aflac Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over $7,000[1]? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, and more. **The Wellness Benefit of $50 is for covered employees and spouses only.**

Aflac Hospital Indemnity Insurance*

The average cost of a hospital stay is $10,000[2]—and the average length of a stay is 4.8 days[3]. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Wellness Benefit of $50 available to covered employee, spouse, and children who complete at least one covered wellness visit or preventive service once per calendar year.

1. MetLife Accident and Critical Illness Impact Study, October 2013
2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.
3. National Hospital Discharge Survey: 2010

Whole Life through Allstate Benefits

You have the option of purchasing whole life insurance to help your family prepare for the unexpected. In the event of your death, this benefit can help replace your family's loss of income, help with mortgage costs or educational needs or leave a legacy for the next generation.

Allstate Identity Protection

Identity theft can be emotionally devastating and take years to resolve without help from an experienced professional. Help protect our identity and your finances with Allstate.

ARAG Legal Plan

This voluntary legal plan is designed to save you time and money. Legal insurance will make dealing with legal issues less expensive and a lot less stressful.

Pet Insurance through Spot*

Your pet is a member of your family, and they deserve to be covered as one. You have access to discounted rates on pet insurance to help you cover the costs of veterinary services. From routine visits to emergencies, gain peace of mind knowing your best friend can receive the care they need without breaking the bank.

Pre-existing conditions apply. Please contact SPOT for additional information.

Valuable Extras – No Cost to Employee

- **Fertility/Adoption Assistance:** Trinidad Benham will reimburse 100% of eligible expenses up to $5,000 per calendar year. Administration is handled by Carrot. Your Carrot benefit gives you employer-sponsored funds you can use to pay for fertility treatments and family-forming services. Carrot members also have access to fertility and family-forming education, virtual chats with physicians and other specialists, an expert-authored library of educational resources, exclusive discounts and expedited appointments at clinics, and access to a dedicated Care Team to help guide your journey and provide peace of mind along the way.

- **Tuition Reimbursement Program:** As a valued Trinidad Benham employee, you are eligible for our tuition reimbursement program after 6 continuous months of full-time employment. Each employee may be reimbursed up to $5,250 per year. Please refer to the Tuition Reimbursement Policy for further details.

- **BenefitHub:** BenefitHub offers access to exclusive discounts with over 10,000 brands including deals from your favorite businesses. There are over 20 categories to search from which allows you to earn up to 20% cash-back rewards on nearly all vendors.

- **Employee Assistance Program:** Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program is provided at **NO COST** to you through The Hartford.

  The EAP can help with the following issues, among others:

  - Mental health
  - Relationships or marital conflicts
  - Child and eldercare
  - Substance abuse
  - Grief and loss
  - Legal or financial issues
  - Will and estate planning

EAP Benefits

- Assistance for you and your household members
- Up to (3) face to face visits and unlimited telephonic access to clinicians
- Unlimited toll-free phone access and online resources

Cost of Benefits

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Anthem BlueClassic PPO Traditional Plan		Anthem BlueClassic Balanced Plan	
	Semi-Monthly Contribution	Weekly Contribution	Semi-Monthly Contribution	Weekly Contribution
Employee Only	$69.45	$34.73	$52.89	$26.45
Employee + Spouse	$206.37	$103.18	$151.91	$75.96
Employee + Child(ren)	$147.67	$73.83	$110.33	$55.16
Employee + Family	$241.39	$120.69	$183.43	$91.72

Dental

Coverage Tier	Delta Dental PPO Plus Premier Base Plan		Delta Dental PPO Plus Premier Buy-Up Plan	
	Semi-Monthly Contribution	Weekly Contribution	Semi-Monthly Contribution	Weekly Contribution
Employee Only	$6.67	$3.33	$7.33	$3.67
Employee + 1	$19.80	$9.90	$21.78	$10.89
Employee + Family	$35.71	$17.86	$39.28	$19.64

Vision

Coverage Tier	Semi-Monthly Contribution	Weekly Contribution
Employee Only	$4.22	$2.11
Employee + Spouse	$6.75	$3.38
Employee + Child(ren)	$6.90	$3.45
Employee + Family	$11.11	$5.56

Contribution Definitions

- Semi-Monthly – Contributions based on 24 pay periods per year
- Weekly – Contributions based on 48 pay periods per year

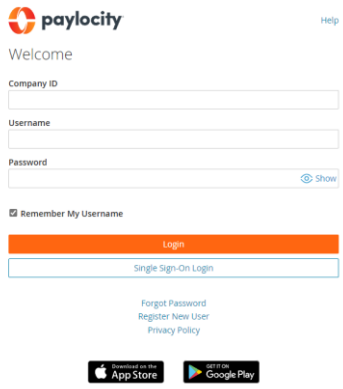
Online Enrollment

How to enroll in benefits using the Bswift enrollment portal:

1. **Access the Paylocity login page**
   https://access.paylocity.com/
   (Chrome browser recommended)

2. **Login using your Username and Password**

3. **If you haven't registered, select Register New User**

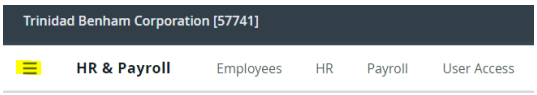


   a. For new users—select, I don't have a Registration Passcode and enter your company ID:
      - 57741—Trinidad Benham
      - 307514—Honest Origins

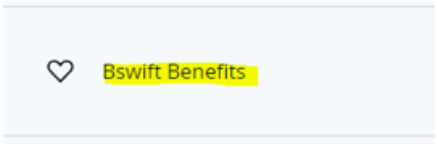
   b. Follow the prompts to complete registration

4. **Once logged in, select the 3-line icon located in the top left corner of the screen**

5. **Scroll down and select Bswift Benefits**



6. **Hit the orange "Start Your Enrollment" button and make your benefit selections**



7. **Review Employee Demographic Information**
   a. Select I agree at the bottom of the page
   b. Select Continue in the right sidebar menu

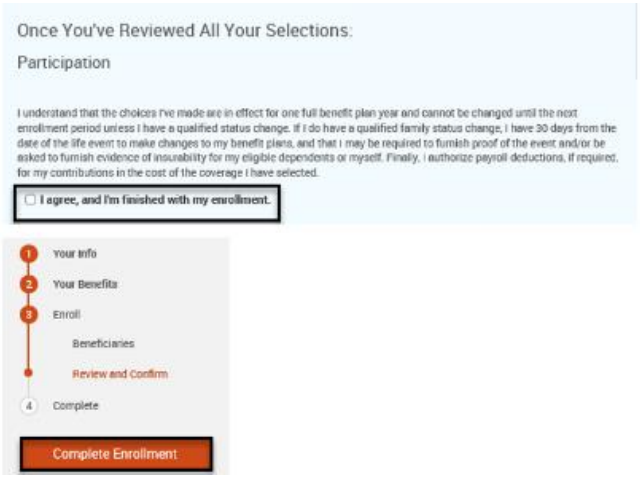
8. **Review Family information**
   a. Select Edit to change an existing dependent's demographic information
   b. Select Add Dependents to enter a new dependent
   c. Select I agree at the bottom of the page
   d. Select Continue in the right sidebar menu

9. **Enter Benefit Elections**
   a. Where applicable – select which Dependents to cover
   b. Select Continue
   c. Select View plan details to review any applicable plan information
   d. Select the appropriate Plan or Waive option

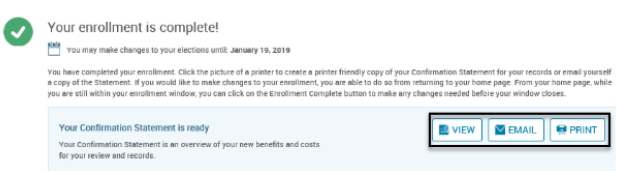
10. **Review all selections**

11. **Select Edit Selection to make changes to any elections**

12. **Select I agree and I'm finished with my enrollment and Complete Enrollment to submit the enrollment**



13. **Select Email or Print to receive an email or printed Confirmation Statement outlining the benefits elected**



Benefits101

Following are definitions of terms commonly used when discussing benefits.

Coinsurance:

The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80 percent while you pay 20 percent.

Copayment (Copay):

A copay is a flat-dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance or out-of-pocket maximum.

Deductible:

The amount you pay each year before the plan begins to pay coinsurance.

Out-of-Pocket Maximum (OPM)

The cap or limit on the amount of money you must pay for covered health care services in a plan year. If you meet this limit, your health plan will pay 100% of all covered health care costs for the rest of the plan year.

Evidence of Insurability (EOI):

The documentation of the good health condition of the insurance beneficiary and his/her dependent's health in order to be approved for coverage. It is only required in certain circumstances.

Explanation of Benefits (EOB):

After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

Flexible Spending Account (FSA):

An FSA is a tax-advantaged account that lets you put money aside on a pre-tax basis to pay for a wide range of health and/or dependent care expenses (as defined by the IRS) not covered by your plan that you incur during the plan year. Unlike the HSA, any unused funds remaining after the plan year ends will be forfeited.

Formulary:

A medical plan's formulary is a preferred brand-name drug list of the most cost-effective outcome-based drugs. You pay less when using a drug on the plan's formulary list.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical **Behavioral Health**	Anthem Group # L06556	844-995-1743 844-451-1576	**www.anthem.com** ***(download the Sydney app)***
Telehealth	LiveHealth Online	855-603-7985	**Request through Anthem's Sydney app or online at livehealthonline.com**
Dental	Delta Dental Group # 11906	800-610-0201	**www.deltadental.com**
Vision	VSP Group # 30043513	800-877-7195	**www.vsp.com**
Flexible Spending Accounts (FSA)	Anthem FSA	844-995-1743	**www.anthem.com**
401(k) & Roth 401(k)	Fidelity Investments Group # 48438	800-835-5097	**www.401k.com**
Life/AD&D	The Hartford	888-563-1124	**www.thehartford.com**
Integrated Leave Management (FMLA) & Disability Claims	The Hartford	888-301-5615	**www.thehartford.com**
Accident, Critical Illness, and Hospital Indemnity	Aflac Jennifer Foss HUB International	-	**www.aflacgroupinsurance.com** **Escalations:** **voluntaryclaims@hubinternational.com**
Whole Life	Allstate	800-521-3535	**www.allstatebenefits.com**
Identity Theft	Allstate Identity Protection	855-821-2331	**www.allstateidentityprotection.com**
Fertility & Adoption Assistance	Carrot	855-459-0059	**New users – get-carrot.com/signup** **Existing users – app.get-carrot.com**
Legal Insurance	ARAG	800-247-4184	**ARAGlegal.com/myinfo** **Access code: 19113tb**
Discount Pet Insurance	Spot	800-905-1595	**https://spotpet.link/trinidad** **Use Priority Code: EB_TRINIDADBENHAM** ***(when calling in)***
Employee Assistance Program (EAP)	The Hartford	800-964-3577	**www.guidanceresources.com** **Organization Web ID: HLF902** **Company Code: ABILI**
Discount Marketplace	BenefitHub	866-664-4621	**trinidadbenham.benefithub.com** **Referral code: YVPZ49**
Medicare Questions / Medicare Supplemental Plans	HUB	720-768-8233	**dan.jones@hubinternational.com**
Trinidad Benham Corporation Benefit Questions	TBC Benefits	303-773-4969	**benefits@trinidadbenham.com**
Benefits Enrollment Center *(for enrollment only)*	Enrollment Center	888-598-2040	**www.trinidadbenham.com**

All compliance and legal documents can be found on our benefits website, www.trinidadbenefits.com, under the Legal Documents & Required Notices tab. To view the website in other languages, update the language settings in your browser.

Anthem sydney

Scan the QR Code below to get the Anthem Sydney App

HUB

Trinidad Benham Corporation

Columbia Bean & Produce
Quality Since 1952

HONEST ORIGINS INC
CLEAN INGREDIENTS

Treasure Valley Seed Co.

ARIZONA FLEXIBLE PACKAGING