

**AMENDMENT NUMBER 006  
SECUR-SERV 401(K) PLAN**

BY THIS AGREEMENT, Secur-Serv 401(k) Plan (herein referred to as the "Plan") is hereby amended as follows, effective as of April 17, 2025, except as otherwise provided herein:

1. The section of the Adoption Agreement entitled "ELIGIBLE EMPLOYEES" is amended as follows:

**ELIGIBILITY REQUIREMENTS**

ELIGIBLE EMPLOYEES (Plan Section 1.28) means all Employees (including Leased Employees) EXCEPT those Employees who are excluded below or elsewhere in the Plan:

- a.  **No excluded Employees.** There are no additional excluded Employees under the Plan (skip to Question 14).  
 b.  **Exclusions - same for all contribution types.** The following Employees are not Eligible Employees for all contribution types (select one or more of e. – p. below):  
 c.  **Exclusions - different exclusions apply.** The following Employees are not Eligible Employees for the designated contribution types (select one or more of d. – p. below; also select column 1. OR all that apply of columns 2. - 4. for each exclusion selected at d. – n.) (may only be selected with 401(k) Plans):

**NOTE: For 401(k) Plans** - Unless otherwise specified in this Section, Elective Deferrals include Roth Elective Deferrals, after-tax voluntary Employee contributions, and rollover contributions; Matching includes QMACs; and Nonelective includes QNECs. **"ADP test safe harbor contributions" (SH) (including those made pursuant to a QACA) and SIMPLE 401(k) contributions are subject to the exclusions for Elective Deferrals except as provided in Question 28.**

<b>Exclusions</b>	<b>1. All Contributions</b>	<b>2. Elective Deferrals/SH</b>	<b>3. Matching</b>	<b>4. Nonelective</b>
d. <input type="checkbox"/> No exclusions	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input checked="" type="checkbox"/> Union Employees (Plan Section 1.28(d))	<input checked="" type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <input checked="" type="checkbox"/> Nonresident aliens (Plan Section 1.28(e))	<input checked="" type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <input type="checkbox"/> Highly Compensated Employees (Plan Section 1.41)	<input type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <input checked="" type="checkbox"/> Leased Employees (Plan Section 1.49)	<input checked="" type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <input type="checkbox"/> Residents of Puerto Rico	<input type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <input type="checkbox"/> Interns (Plan Section 1.28(g))	<input type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. <input type="checkbox"/> Part-time Employees (Plan Section 1.28(f)) A part-time Employee is an Employee whose regularly scheduled service is less than _____ Hours of Service in the relevant eligibility computation period. See Note below.	<input type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. <input type="checkbox"/> Temporary Employees (Plan Section 1.28(f)) A temporary Employee is an Employee who is categorized as a temporary Employee on the Employer's payroll records. See Note below.	<input type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. <input type="checkbox"/> Seasonal Employees (Plan Section 1.28(f)) A seasonal Employee is an Employee who is categorized as a seasonal Employee on the Employer's payroll records. See Note below.	<input type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. <input checked="" type="checkbox"/> Other: <u>casual employees</u> (must (1) be definitely determinable and may not be based on age or length of service (except in a manner consistent with k., l., and m. above) or level of Compensation, (2) be nondiscriminatory under Code §401(a)(4) and the regulations thereunder and, (3) if using the average benefits test to satisfy Code §410(b) coverage testing, must be a reasonable classification within the meaning of Regulation §1.410(b)-4(b)).	<input checked="" type="checkbox"/>	<b>OR</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. <input type="checkbox"/> Other: _____ (must (1) specify contributions to which exclusions apply, (2) be definitely determinable and not based on age or length of service (except in a manner consistent with k., l., and m. above) or level				

of Compensation, (3) be nondiscriminatory under Code §401(a)(4) and the regulations thereunder, and (4) if using the average benefits test to satisfy Code §410(b) coverage testing, be a reasonable classification within the meaning of Regulation §1.410(b)-4(b)).

- p.  **Code §410(b)(6)(C) inclusion.** The Code §410(b)(6)(C) exclusion set forth in Plan Section 1.28 will not apply with respect to the following (such Employees must still satisfy any applicable eligibility conditions) (select one):
1.  All Employees.
  2.  Only the following Employees \_\_\_\_\_ (e.g., those who became Employees due to the acquisition of the assets of ABC Company)

**NOTE:** If option k. – m. (part-time, temporary and/or seasonal exclusions) is selected, then any such excluded Employee actually completes 1 Year of Service, then such Employee will no longer be part of this excluded class. For this purpose, the Hours of Service method will be used for the 1 Year of Service override regardless of any contrary selection at Question 17.

2. Option k. in the "Other permitted elections" section of Appendix A to the Adoption Agreement is amended as follows:

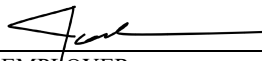
- k.  **Recognition of Service with other employers** (Plan Sections 1.62 and 1.88). Service with the following employers (in addition to those specified at Question 16) will be recognized as follows (select one or more; if more than 6 employers, attach an addendum to the Adoption Agreement):

	<b>Eligibility</b>	<b>Vesting</b>	<b>Contribution Allocation</b>
1. <input checked="" type="checkbox"/> Employer name: <u>Cyber-Net Services Inc.</u>	a. <input checked="" type="checkbox"/>	b. <input type="checkbox"/>	c. <input type="checkbox"/>
2. <input checked="" type="checkbox"/> Employer name: <u>MDS HOLDCO INC.</u>	a. <input checked="" type="checkbox"/>	b. <input type="checkbox"/>	c. <input type="checkbox"/>
3. <input type="checkbox"/> Employer name: _____	a. <input type="checkbox"/>	b. <input type="checkbox"/>	c. <input type="checkbox"/>
4. <input type="checkbox"/> Employer name: _____	a. <input type="checkbox"/>	b. <input type="checkbox"/>	c. <input type="checkbox"/>
5. <input type="checkbox"/> Employer name: _____	a. <input type="checkbox"/>	b. <input type="checkbox"/>	c. <input type="checkbox"/>
6. <input type="checkbox"/> Employer name: _____	a. <input type="checkbox"/>	b. <input type="checkbox"/>	c. <input type="checkbox"/>
<b>Limitations</b>			
7. <input type="checkbox"/> The following provisions or limitations apply with respect to the recognition of service: _____ (e.g., credit service with X only on/following 1/1/19 or credit all service with entities the Employer acquires after 12/31/18)	a. <input type="checkbox"/>	b. <input type="checkbox"/>	c. <input type="checkbox"/>

The Employer executes this Amendment on the date specified below.

Date: April 28, 2025

Secur-Serv Inc.

By:   
EMPLOYER

Jodi Hilton, VP of HR and Chief People Officer  
[print name/title]

**SECUR-SERV 401(K) PLAN  
PARTICIPATION AGREEMENT**

*(Note: Each Participating Employer must execute a separate Participation Agreement, the terms of which control as to that Participating Employer. If the Plan is a Multiple Employer Plan under Article XIV, a Participating Employer may be a Related Employer or an Employer which is not a Related Employer. Under a Multiple Employer Plan, the Lead Employer may execute a Participation Agreement with regard to its own Employees. See Section 14.2(B).)*

**Agreement as to Signatory/Lead Employer control.** The undersigned Related Employer (or non-Related Employer if this Plan is a Multiple Employer Plan), by executing this Participation Agreement, elects to become a Participating Employer in the Plan identified in the foregoing Adoption Agreement. The Participating Employer accepts, and agrees to be bound by, all of the Elections as made by the Signatory/Lead Employer except as otherwise indicated below. *The Participating Employer also hereby consents to the Signatory/Lead Employer's sole authority (without further signature or other action by the Participating Employer) to amend, to restate or to terminate the Plan, to terminate the Participating Employer's participation in the Plan, and to take certain other actions, in accordance with Sections 14.2(B) and 14.11 as applicable.*

**A. PARTICIPATING EMPLOYER INFORMATION**

- a. Name: MDS HOLDCO INC.
- b. Address: 101 Crawfords Corner Road, Suite 4116  
Street  
Holmdel New Jersey 07733  
City State Zip
- c. Telephone: (800) 722-6876
- d. Taxpayer Identification Number (TIN): 33-4505675
- e. Fiscal Year end: 12/31

**B. PLAN STATUS**

- f.  New plan for Participating Employer
- g.  Modification of existing Participation Agreement (i.e., plan restatement (without merger) or Employer's cessation of participation)
- h.  Restatement and merger (e.g., existing plan joining group)

**C. EFFECTIVE DATE(S)** (complete i. if new plan (f); complete i. AND either j. or l. if modification (g); complete i. and k. if plan is being restated and merged (h))

- i. **Initial Effective Date of Plan** 4/17/2025 (enter month day, year)
- j. **Modification/Restatement Effective Date.** \_\_\_\_\_ (enter month day, year)
- k. **Restatement and Merger Effective Date.** \_\_\_\_\_ (enter month day, year)
  - 1. Name of plan being merged into this Plan: \_\_\_\_\_
- l.  **Cessation.** The Participating Employer is ceasing its participation in the Plan effective as of: \_\_\_\_\_.
- m.  **Different elections or special Effective Dates.** (Choose one.):
  - 1.  **None.** There are no different elections or special Effective Dates which apply to the Participating Employer.
  - 2.  **Applies.** As to the Participating Employer, the following elections apply (or do not apply) which are different (or have different Effective Dates) than the elections applicable to the Signatory/Lead Employer: The Participating Employer may attach additional pages as needed to indicate modified elections.

NOTE: Contributions and Forfeitures will be allocated together for Participating Employers (that are Affiliated Employers) unless a different selection is elected below.

<u>Election number</u>	<u>Applies</u>	<u>Does not apply</u>	<u>Completion of election blanks (as necessary)</u>	<u>Effective Date</u>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____

PARTICIPATING EMPLOYER: MDS HOLDCO INC.

By:

April 28, 2025  
DATE SIGNED

SIGNATORY EMPLOYER: Secur-Serv Inc.

By:

April 28, 2025  
DATE SIGNED