

**Participant Enrollment
401(k) Plan**

Boggs Paving, Inc. 401(K) Profit Sharing Plan & Trust

454946-01

Participant Information

Last Name	First Name	MI	Social Security Number
Address - Number & Street			E-Mail Address
City	State	Zip Code	Mo Day Year
() Home Phone	() Work Phone		Date of Birth
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried

Payroll Information

I elect to contribute _____% or \$_____ (per pay period) of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____ Date of Hire: _____
 Mo Day Year Mo Day Year

To be completed by Human Resources

Payroll Center Name _____ Payroll Center Number _____

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

See below for Participation Agreement and Required Signatures

<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %	<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	_____ %
Oakmark Equity & Income II.....	MG4946	_____ %	Thornburg International Value R1.....	BN4946	_____ %
BlackRock Health Sciences Inv - A	SO4946	_____ %	Dreyfus Premier Technology Growth A.....	KU4946	_____ %
American Century Real Estate Adv.....	WJ4946	_____ %	MetLife Stable Value.....	4946SV	_____ %
Fidelity Advisor Freedom 2010 T	YQ4946	_____ %	James Small Cap.....	CI4946	_____ %
Fidelity Advisor Freedom Income T	YU4946	_____ %	Legg Mason Partners Sml Cap Growth I A.....	CP4946	_____ %
Fidelity Advisor Freedom 2015 T	YV4946	_____ %	Alger Mid Cap Growth Inst'1	MB4946	_____ %
Fidelity Advisor Freedom 2020 T	YR4946	_____ %	AllianceBernstein Small Mid Cap Value K.....	CC4946	_____ %
Fidelity Advisor Freedom 2025 T	YW4946	_____ %	American Funds Fundamental Inv R3	ZL4946	_____ %
Fidelity Advisor Freedom 2030 T	YS4946	_____ %	Janus Adviser Forty Class S	UV4946	_____ %
Fidelity Advisor Freedom 2035 T	YA4946	_____ %	T. Rowe Price Blue Chip Growth R	AX4946	_____ %
Fidelity Advisor Freedom 2040 T	YT4946	_____ %	Met Series Stock Index	IB4946	_____ %
BlackRock Global Resources Inv A	SR4946	_____ %	BlackRock Core Bd Tit Return Inv A	RJ4946	_____ %
Templeton Developing Markets Trust.....	BM4946	_____ %	Oppenheimer Strategic Income A	ON4946	_____ %
Oppenheimer Global A.....	OG4946	_____ %	MUST INDICATE WHOLE PERCENTAGES		= 100%

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.



Last Name

First Name

MI

Social Security Number

Plan Number

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-877-732-4015 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

Required Signatures - I have completed, understand and agree to all pages of this Participant Enrollment form. I verify that this enrollment was unsolicited. I did not meet with a representative on a one-on-one basis regarding investment options.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:

Retirement Service Center

PO Box 173764

Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-877-732-4015

Fax#: 1-303-737-3414

Authorized Plan Administrator/Trustee

Date