

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan COAXIS 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1990
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COAXIS INCORPORATED 1515 SE WATER AVE SUITE 300 PORTLAND, OR 97214	2b Employer Identification Number (EIN) 59-2993235 2c Sponsor's telephone number 971-255-4665 2d Business code (see instructions) 541519

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.	10/07/2010	CRAIG HUFFMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	CRAIG HUFFMAN
	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 (if same as plan sponsor, enter "Same") COAXIS INCORPORATED 1515 SE WATER AVE SUITE 300 PORTLAND, OR 97214	3b Administrator's EIN 59-2993235 3c Administrator's telephone number 971-255-4665
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	239
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	154
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	68
d Subtotal. Add lines 6a , 6b , and 6c	6d	222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	222
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	214
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	16

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 2K 3D 2F 2S 2T

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

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>COAXIS 401(K) PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>COAXIS INCORPORATED</div>	<div>D Employer Identification Number (EIN)</div> <div>59-2993235</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BANK OF AMERICA, N.A.

94-1687665

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 71 72	RECORDKEEPER	1121	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan COAXIS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COAXIS INCORPORATED	D Employer Identification Number (EIN) 59-2993235	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	ML RETIREMENT PRESERVATION TRUST
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b Name of sponsor of entity listed in (a):	BANK OF AMERICA, N.A.
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c EIN-PN 22-6484011-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1472022
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a Name of MTIA, CCT, PSA, or 103-12 IE:	ML EQUITY INDEX TRUST II
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b Name of sponsor of entity listed in (a):	BANK OF AMERICA, N.A.
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c EIN-PN 22-6575237-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173183
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan COAXIS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COAXIS INCORPORATED	D Employer Identification Number (EIN) 59-2993235	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	50	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18073	8294
(2) Participant contributions	1b(2)	34320	31421
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12617	330
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	107425	74510
(9) Value of interest in common/collective trusts.....	1c(9)	1441675	1645205
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6861072	8826924
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	359	1287
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8475591	10587971

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8475591	10587971
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	210054	
(B) Participants	2a(1)(B)	837686	
(C) Others (including rollovers)	2a(1)(C)	264536	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1312276

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3857	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3860
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	127540	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		127540
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1165	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1020	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		145

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2226	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2226
(6) Net investment gain (loss) from common/collective trusts	2b(6)		145954
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1727494
c Other income.....	2c		27606
d Total income. Add all income amounts in column (b) and enter total.....	2d		3347101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1180322	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1180322
f Corrective distributions (see instructions)	2f		8074
g Certain deemed distributions of participant loans (see instructions).....	2g		45215
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1110	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1110
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1234721

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2112380
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PERKINS & COMPANY, P.C.

(2) EIN: 93-0928924

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		725317
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>COAXIS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COAXIS INCORPORATED</u>	D Employer Identification Number (EIN) <u>59-2993235</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-3513863</u> <u>94-1687665</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

COAXIS
401(k) PLAN

Financial Statements and Supplemental Schedules
December 31, 2009 and 2008
With Independent Auditors' Report



COAXIS
401(k) PLAN
DECEMBER 31, 2009 AND 2008
CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-12
SUPPLEMENTAL SCHEDULES:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13-14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	15



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INDEPENDENT AUDITORS' REPORT

Coaxis and the
Trustee of Coaxis 401(k) Plan
Portland, Oregon

We were engaged to audit the accompanying statements of net assets available for benefits of the Coaxis 401(k) Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules (1), Schedule H, line 4i - Schedule of Assets (Held at End of Year) and (2) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Bank of America, N.A. (formerly Merrill Lynch & Company), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Perkins & Company PC

September 30, 2010

**COAXIS
401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008**

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
INVESTMENTS AT FAIR VALUE:		
Cash	\$ 330	\$ 12,667
Common stock	1,287	359
Mutual funds	8,826,924	6,861,072
Common/collective trust funds	1,645,205	1,441,675
Participant loans	74,510	107,425
	<u>10,548,256</u>	<u>8,423,198</u>
RECEIVABLES:		
Employer's contributions	8,294	18,073
Participants' contributions	31,421	34,320
	<u>39,715</u>	<u>52,393</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	10,587,971	8,475,591
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS	107,401	232,744
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 10,695,372</u></u>	<u><u>\$ 8,708,335</u></u>

See notes to financial statements.

COAXIS
401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO (REDUCTIONS OF) NET ASSETS		
ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments:		
Common stock	\$ 1,259	\$ (1,654)
Mutual funds	1,883,752	(3,187,757)
Interest and dividend income	24,471	66,745
	<u>1,909,482</u>	<u>(3,122,666)</u>
Contributions:		
Participants'	837,686	1,086,599
Employer's	210,054	217,924
Participants' rollover	264,536	27,842
	<u>1,312,276</u>	<u>1,332,365</u>
	<u>3,221,758</u>	<u>(1,790,301)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,233,611	376,606
Administrative expenses	1,110	1,021
	<u>1,234,721</u>	<u>377,627</u>
NET INCREASE (DECREASE)	1,987,037	(2,167,928)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	8,708,335	10,876,263
End of year	<u>\$ 10,695,372</u>	<u>\$ 8,708,335</u>

See notes to financial statements.

COAXIS
401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Coaxis 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan maintained for the benefit of all eligible employees of Coaxis, Inc. (the Company). Employees who are 21 years of age are eligible to participate in the Plan following three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Contributions consist of employee elective deferrals and discretionary employer matching and profit sharing contributions. Participants may voluntarily contribute up to 50% of their compensation to the Plan, limited to \$16,500 and \$15,500 in 2009 and 2008, respectively, as prescribed by the Internal Revenue Code (IRC). Participants age 50 and older may elect to make additional catch-up contributions up to the maximum annual amount of \$5,500 and \$5,000 in 2009 and 2008, respectively. In 2009 and 2008, the Company made matching contributions in the amount of 25% of each participant's contributions, up to the first 15% of compensation contributed. In addition, the Company may make a profit sharing contribution determined annually at the Company's discretion. Contributions are subject to other limits under the IRC.

Participant Accounts - A separate account is maintained for each participant, which is credited with the participant's contributions, the Company's contributions and an allocation of Plan earnings and expenses. Allocation of Plan earnings is based upon participant account balances. Allocation of matching contributions is based on a percentage of each employee's elective deferral. Allocation of profit sharing contributions is based on the ratio the participant's compensation bears to the total compensation of eligible participants. The benefit to which a participant is entitled is the vested amount in their individual account.

Vesting - Participants are immediately vested in their voluntary contributions and actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 25% vested after two years of credited service and each year thereafter until fully vested.

Expenses - Administrative expenses may be paid by the Company. Expenses not paid by the Company are deducted from investment earnings before allocation to participants' accounts. Expenses of plan administration, including the recordkeeping of the Plan, computer services, professional fees, office supplies and payroll expenses of administration and clerical personnel are provided by the Company without charge to the Plan.

Payment of Benefits - Upon reaching retirement age, termination of service or death, a participant may be paid a lump sum amount equal to the participant's vested account value. The Plan further provides for loans and hardship distributions.

Forfeited Accounts - The balances of terminated participants' nonvested accounts are used to reduce future employer contributions. Forfeited non-vested accounts amounted to \$6,334 and \$1,070 at December 31, 2009 and 2008, respectively. During 2009 and 2008, \$21,972 and \$39,254 of forfeitures were used to reduce employer contributions, respectively.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements were prepared using the accrual basis of accounting.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition - Investments are reported at fair value except for benefit responsive investment contracts, which are carried at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year and management and operating expenses associated with the Plan's investments in mutual funds and common/collective trust funds.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Benefits Payments - Benefits are recorded when paid. Accordingly, benefits payable to persons that have elected to withdraw from the Plan that are not yet paid at year-end have not been accrued. At December 31, 2009 and 2008, there were no amounts payable to participants.

Risk and Uncertainties - The Plan provides for investments that are exposed to various risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits, and therefore participants' account balances.

NOTE 3 - RECENTLY ISSUED ACCOUNTING STANDARDS

In June 2009, the Financial Accounting Standards Board ("FASB") issued guidance under ASC 105, Generally Accepted Accounting Principles. This guidance establishes the FASB Accounting Standards Codification ("ASC" or the "Codification") as the single source of authoritative GAAP for nongovernmental entities, superseding various existing authoritative accounting pronouncements. The Codification establishes one level of authoritative GAAP. All other literature is considered non-authoritative. There were no changes to the Plan's financial statements due to the implementation of the Codification other than changes in reference to various authoritative accounting pronouncements in the financial statements.

In April 2009, the FASB Staff Position (FSP) 157-4, *Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, was issued and later codified into ASC 820. The Plan adopted the FSP in 2009, which expanded disclosures and required that major categories for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments. The adoption of these provisions did not have an impact on the Plan's financial statements.

In September 2009, the FASB issued ASC Update 2009-12, Fair Value Measurements and Disclosures (Topic 820): *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. This guidance provides a practical expedient for measuring the fair values of Plan investments in a limited number of entities that calculate a net asset value per share. This guidance also requires enhanced disclosures and became effective for Plan reporting periods ending after December 15, 2009. The Plan adopted these provisions effective January 1, 2009. The adoption did not have an impact on the amounts reported in the Plan's financial statements and all applicable disclosures are included in these financial statements.

In January 2010, the FASB issued ASC Update 2010-06, Fair Value Measurements and Disclosures (Topic 820): *Improving Disclosures about Fair Value Measurements*. This guidance will require the Plan to disclose additional information on transfers in and out of fair value levels, measurement disclosures by classes of assets and descriptions of valuation techniques and inputs used to measure fair value (both recurring and nonrecurring fair value) in addition to other disclosures. This guidance is effective for reporting periods beginning after December 15, 2009, except for certain disclosures which will be effective for fiscal years beginning after December 15, 2010. The Plan's management does not expect that the adoption will have a material impact on the Plan's financial statements.

In May 2009, the FASB issued SFAS No. 165, *Subsequent Events* (SFAS 165), which was incorporated into ASC 855. The standard modified the definition of what qualifies as a subsequent event—those events or transactions that occur following the date of the statement of net assets available for benefits, but before the financial statements are issued—and requires Plans to disclose the date through which it has evaluated subsequent events and the basis for determining that date. The Plan's management has performed an evaluation of subsequent events through September 30, 2010, which is the date these financial statements were available to be issued.

In July 2006, the FASB issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. The Plan's management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and has no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision for income taxes has been included in the financial statements. Tax periods for all Plan years after 2006 remain open to examination by the federal and state taxing jurisdictions to which the Plan is subject.

NOTE 4 - INVESTMENTS

The Plan's investments are held by Bank of America, N.A. (formerly Merrill Lynch & Company). Upon enrollment in the Plan, participants may direct investment of contributions among a selection of available funds. Participants may change their investment options daily.

The following presents investments that represent 5% or more of the Plan's net assets at December 31:

	<u>2009</u>	<u>2008</u>
Common/collective trust fund:		
Merrill Lynch Ret Preservation Trust, at contract value	\$ 1,579,423	\$ 1,674,419
Mutual funds:		
Columbia Marsico Growth Fund A	\$ -	\$ 517,191
BlackRock Government Income Fund Class A	\$ -	\$ 549,316
Janus Advisor Forty Fund A	\$ 1,376,037	\$ 999,833
Davis NY Venture Fund Class A	\$ 606,612	\$ 433,860
JP Morgan Government Bond	\$ 1,763,391	\$ 918,684
American Europacific Growth Fund	\$ 1,042,955	\$ 494,906

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2009</u>	<u>2008</u>
Investments at fair value as determined by quoted market price:		
Mutual funds	\$ 1,883,752	\$ (3,187,757)
Common stock	1,259	(1,654)
Common/collective trust funds	20,611	59,745
Interest & dividends	3,860	7,000
Net appreciation (depreciation) in fair value	<u>\$ 1,909,482</u>	<u>\$ (3,122,666)</u>

NOTE 5 - FAIR VALUE MEASUREMENTS

ASC No. 820, *Fair Value Measurements and Disclosures*, formerly FASB No. 157, establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Basis of Fair Value Measurement

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the plan has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value as reported on national securities exchanges at the end of each business day.

Common collective trust funds: The Plan holds investments in Merrill Lynch Equity Index Trust II and Merrill Lynch Retirement Preservation Trust, common/collective trust funds ("the CCTs"). Bank of America, N.A. (formerly Merrill Lynch & Company) is the trustee of the CCTs. The Merrill Lynch Equity Index Trust II CCT invests in equity securities that are traded on stock exchanges and portfolio securities that are traded both in the OTC markets and on a stock exchange. The Merrill Lynch Retirement Preservation Trust CCT invests in a portfolio of securities, primarily traditional guaranteed investment contracts and a benefit-responsive, contract value wrap contract purchased for the portfolio. Units in the CCTs are valued based on the underlying investments, the majority of which are based on quoted prices. However, units in common collective trust funds are not publically traded, but rather, are redeemable only by the issuer. The value of the Plan's investment in common collective trust funds represents the value of the Plan's interests in the overall value of the common collective trust fund. Investments in common collective trust funds can generally be redeemed without restriction; however, in certain cases, redemption or purchase may be limited to prevent excess and/or short-term trading. In addition, if a fund experiences periods of insufficient liquidity then the fund may defer honoring any payment request until liquidity is sufficient.

Participant loans: Valued at their outstanding balance, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	Investment Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Government Bonds	\$ 2,110,780	\$ -	\$ -	\$ 2,110,780
Emerging Markets	143,674	-	-	143,674
Domestic Large Cap	4,230,641	-	-	4,230,641
Domestic Mid Cap	465,773	-	-	465,773
Domestic Small Cap	480,708	-	-	480,708
Foreign Large Cap	1,395,348	-	-	1,395,348
Common Stock	1,287	-	-	1,287
Common/collective trust funds	-	1,645,205	-	1,645,205
Participant loans	-	-	74,510	74,510
Total investments at fair value	<u>\$ 8,828,211</u>	<u>\$ 1,645,205</u>	<u>\$ 74,510</u>	<u>\$ 10,547,926</u>

The following table sets for by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	Investment Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 6,861,072	\$ -	\$ -	\$ 6,861,072
Common stock	359	-	-	359
Common/collective trust funds	-	1,441,675	-	1,441,675
Participant loans	-	-	107,425	107,425
Total investments at fair value	<u>\$ 6,861,431</u>	<u>\$ 1,441,675</u>	<u>\$ 107,425</u>	<u>\$ 8,410,531</u>

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31:

	Participant loans	
	2009	2008
Balance, beginning of year	\$ 107,425	\$ 109,723
Purchases, sales, issuances and settlements (net)	(32,915)	(2,298)
Balance, end of year	<u>\$ 74,510</u>	<u>\$ 107,425</u>

NOTE 6 - INFORMATION CERTIFIED BY TRUSTEE OF THE PLAN

The following is a summary of the comparative unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, that was certified by the trustee of the Plan, Bank of America, N.A. (formerly Merrill Lynch & Company), as of and for the years ended December 31, 2009 and 2008, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate.

	2009	2008
Investments	\$ 10,655,657	\$ 8,655,942
Net appreciation (depreciation) in fair value of investments	\$ 1,885,011	\$ (3,189,411)
Interest income and dividend income	\$ 24,471	\$ 66,745

NOTE 7 - COMMON/COLLECTIVE TRUST FUNDS

The Plan holds investments in the Merrill Lynch Equity Index Trust II and Merrill Lynch Retirement Preservation Trust, common/collective trust funds ("the CCTs"). Bank of America, N.A. (formerly Merrill Lynch & Company) ("ML&C") is the trustee of the CCTs. The Merrill Lynch Equity Index Trust II CCT invests in equity securities that are traded on stock exchanges and portfolio securities that are traded both in the OTC markets and on a stock exchange. The Merrill Lynch Retirement Preservation Trust CCT invests in a portfolio of securities, primarily traditional guaranteed investment contracts and a benefit-responsive, contract value wrap contract purchased for the portfolio. The wrap contracts amortize gains and losses of the underlying securities over the portfolio duration, and assures that contract value, benefit responsive payments will be made for participant directed withdrawals. Wrap contracts are issued by third parties, typically banks and insurance companies and are designed to allow a stable asset fund to maintain a constant net asset value and to protect a fund in extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay a fund the difference between the contract value and the market value of the underlying assets for participant directed redemptions once the market value has been totally exhausted.

As described in Note 2, because the Merrill Lynch Retirement Preservation Trust CCT is fully benefit-responsive, contract value is the relevant measurement attributable for that portion of the net assets available for the benefits attributable to the CCT. Contract value, as reported to the Plan by ML&C, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of the investment at contract value.

There are no reserves against contract value for credit risk of a contract issuer or otherwise. If an event occurs that may impair the ability of the contract issuer to perform, fair value may be less than contract value. The fair value recorded in the Plan's financial statements for such fund was \$1,645,205 and \$1,441,675 at December 31, 2009 and 2008, respectively.

The wrap contracts accrue interest using a formula called the "crediting rate." The crediting rate is primarily based on the current yield-to-maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation. The crediting rate can be adjusted periodically and is usually adjusted either monthly or quarterly. The wrap contracts provide a guarantee that the crediting rate will not fall below zero. The average interest crediting rate at December 31, 2009 and 2008 was 2.35% and 4.28%, respectively.

The wrap contracts limit the Plan's ability to transact at contract value upon the occurrence of certain events. Such events include, but are not limited to layoffs, Plan termination, business closings, reorganizations, liquidations and the failure of the Plan to qualify under Section 401(a) or Section 401(k) of the IRC. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The wrap contract issuers may terminate a wrap contract at any time. In the event that the fair value of the CCT's portfolio of securities is below its contract value at the time of such termination and terms of the wrap contract have otherwise been met, ML&C may elect to keep the wrap contract in place until such time as the market value of the securities is equal to its contract value. The average yield earned by the CCT calculated based on the change in the net asset value between the beginning and the end of the year was 2.35% and 9.49% for the years ended December 31, 2009 and 2008, respectively. The average yield earned with an adjustment to reflect the actual interest rate credited to participants was 2.57% and 4.10% for the years ended December 31, 2009 and 2008, respectively.

NOTE 8 - PARTICIPANT LOANS

The Plan makes loans to participants based on their vested account balances. Loans must be repaid within five years unless used to acquire a primary residence. Loans are payable through payroll deductions. Interest is charged at rates set by the plan administrator commensurate with local prevailing rates and range from 4.25% to 9.25% at December 31, 2009. Loans are secured by the vested account balance of the participant.

NOTE 9 - RELATED PARTY TRANSACTIONS

Certain plan investments are shares of common/collective funds and mutual funds managed by Merrill Lynch & Company or an affiliate of Merrill Lynch & Company. Bank of America, N.A. (formerly Merrill Lynch & Company) is the trustee as defined by the Plan and, therefore, these investments represent exempt party-in-interest transactions. Fees for investment management services charged by the trustee are netted against Plan earnings.

NOTE 10 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their employer contributions.

NOTE 11 - INCOME TAX STATUS

The Plan document is a non-standardized prototype profit sharing plan sponsored by Merrill Lynch & Company. The Plan document obtained an opinion letter on January 1, 2006 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits reported on the financial statements to the Form 5500 at December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits reported on the financial statements	\$ 10,695,372	\$ 8,708,335
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(107,401)</u>	<u>(232,744)</u>
Net assets available for benefits reported on the Form 5500	<u>\$ 10,587,971</u>	<u>\$ 8,475,591</u>

The following is a reconciliation of the net increase in net assets available for benefits reported on the financial statements to the Form 5500 for the years ended December 31:

	<u>2009</u>	<u>2008</u>
Net increase (decrease) in net assets available for benefits reported on the financial statements	\$ 1,987,037	\$ (2,167,928)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts – prior year	232,744	10,512
Adjustment from contract value to fair value for fully benefit-responsive investment contracts – current year	<u>(107,401)</u>	<u>(232,744)</u>
Net increase in net assets available for benefits reported on the Form 5500	<u>\$ 2,112,380</u>	<u>\$ 2,390,160</u>

NOTE 13 - PROHIBITED TRANSACTIONS

During 2006, 2007, and 2008 elective deferrals and loan repayments withheld from employees' payroll in the amount of \$119,381, \$490,348 and \$115,588, respectively, were not remitted to the Plan by the Company within the time period required by the Department of Labor. These transactions constitute prohibited transactions as defined by ERISA. The Company is aware of the occurrences and has corrected the situation in 2009.

SUPPLEMENTAL SCHEDULES

COAXIS
401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

EIN#: 59-2993235

PLAN#: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Merrill Lynch Ret Preservation Trust, at contract value	Common/Collective Trust Fund	a	\$ 1,579,423
*	Merrill Lynch Equity Index Trust II, at contract value	Common/Collective Trust Fund	a	\$ 173,183
*	Janus Advisor Forty Fund Class A	Mutual Fund	a	\$ 1,376,037
*	Munder Midcap Core Growth	Mutual Fund	a	\$ 230,652
*	Columbia Small Cap Core Fund A	Mutual Fund	a	\$ 480,708
*	JP Morgan Government Bond	Mutual Fund	a	\$ 1,763,391
*	Pioneer Cullen Value A	Mutual Fund	a	\$ 96,784
*	American Europacific Growth Fund	Mutual Fund	a	\$ 1,042,955
*	BlackRock Healthcare Fund Class A	Mutual Fund	a	\$ 62,152
*	J Hancock Financial Inds	Mutual Fund	a	\$ 115,717
*	AIM Developing Markets Fund Class A	Mutual Fund	a	\$ 143,675
*	Jennison Growth Fund Class A	Mutual Fund	a	\$ 354,482
*	Goldman Sachs Short Dur Govt Class A	Mutual Fund	a	\$ 347,389
*	The Oakmark International Fund Class II	Mutual Fund	a	\$ 352,393
*	The Oakmark Equity & Income Fund Class II	Mutual Fund	a	\$ 428,895
*	Victory Diversified Stock Fund	Mutual Fund	a	\$ 522,239
*	Perkins Mid Cap Value Inv Shares	Mutual Fund	a	\$ 235,120

COAXIS
401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
DECEMBER 31, 2009

EIN#: 59-2993235

PLAN#: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Seligman Comm & Info Fund Class A	Mutual Fund	a	\$ 171,346
*	Eaton Vance Lg Cap Value Fund A	Mutual Fund	a	\$ 197,044
*	MFS Utilities Fund Class A	Mutual Fund	a	\$ 299,333
*	Davis NY Venture Fund Class A	Mutual Fund	a	\$ 606,612
*	Unisys Corp Common Stock	Common Stock	a	\$ 1,287
	Cash	Cash	a	\$ 330
	Participant Loans	4.25% to 9.25%	-	\$ 74,510

* - A party in interest as defined by ERISA

a - The cost of participant-directed investments is not required to be disclosed.

COAXIS
401(k) PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2009

EIN#: 59-2993235
 PLAN#: 001

Participant Contributions and Loan Repayments Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$119,381 ^a	\$ -	\$119,381	\$ -	\$ -
\$490,348 ^b	\$ -	\$490,348	\$ -	\$ -
\$115,588 ^c	\$ -	\$115,588	\$ -	\$ -

^a - 2006 delinquent contributions corrected in 2009.

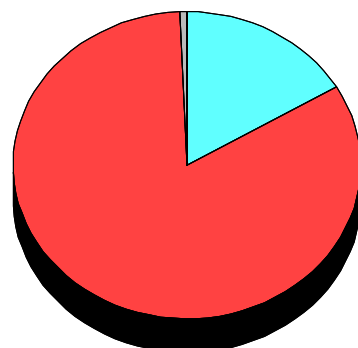
^b - 2007 delinquent contributions corrected in 2009.

^c - 2008 delinquent contributions corrected in 2009.

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

COAXIS, INC.
401(K) PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



0.01% COMMON STOCK	16.45% COMMON / COLLECTIVE TRUSTS
82.84% MUTUAL FUNDS	0.70% LOANS
0.00% PENDING SETTLEMENT FUNDS	0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
<u>COMMON STOCK</u>					
UNISYS CORP	33.3694	38.560	7,906.93	1,286.72	0.01%
<u>COMMON / COLLECTIVE TRUSTS</u>					
ML EQUITY INDEX TRUST II	1,904.3669	90.940	173,183.11	173,183.13	1.63%
ML RET PRESERVATION TRUST	1,335,842.3900	1.000	1,335,842.39	1,335,842.39	12.54%
ML RET PRES TRUST GM	243,580.4992	1.000	243,580.51	243,580.50	2.29%
TOTAL COMMON / COLLECTIVE TRUSTS			1,752,606.01	1,752,606.02	16.45%
<u>MUTUAL FUNDS</u>					
JPMORGAN GOVERNMENT BOND	62,216.8353	10.540	667,790.24	655,765.44	6.15%
JPMORGAN GOVERNMENT BOND GM	105,087.7783	10.540	1,126,186.33	1,107,625.18	10.39%
THE OAKMARK EQ & INC FD CL II	16,865.7144	25.430	428,895.11	428,895.12	4.03%

Balances include the effect of pending trades

STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

COAXIS, INC.
401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
THE OAKMARK INTL CL II GM	20,790.1334	16.950	350,451.83	352,392.76	3.31%
MUNDER MIDCAP CORE GROWTH	10,352.4189	22.280	251,043.73	230,651.89	2.16%
AMERICAN EUROPACIFIC GR FD R3	18,994.8859	37.680	536,746.70	715,727.30	6.72%
AMERICAN EUROPACIF GR FD R3 GM	8,684.3779	37.680	246,750.28	327,227.36	3.07%
COLUMBIA SMALL CAP CORE FD A	19,370.0067	12.080	263,670.89	233,989.68	2.20%
COLUMBIA SMALL CAP CORE A GM	20,423.6651	12.080	234,982.78	246,717.87	2.32%
JANUS FORTY FD CL A	31,884.4708	31.900	1,106,984.04	1,017,114.62	9.55%
JANUS FORTY FD CL A GM	11,251.4715	31.900	364,526.04	358,921.94	3.37%
PIONEER CULLEN VALUE A	5,805.8493	16.670	115,491.06	96,783.51	0.91%
BLACKROCK HEALTHCARE A	11,404.0709	5.450	64,172.49	62,152.19	0.58%
J HANCOCK FINANCIAL INDS	11,979.0206	9.660	91,462.55	115,717.34	1.09%
GOLDMAN SACHS SHORT DUR GOV A	33,694.3351	10.310	351,488.14	347,388.59	3.26%
AIM DEV MKTS CL A	3,375.5503	27.500	83,131.86	92,827.63	0.87%
AIM DEV MKTS CL A GM	1,849.0252	27.500	51,355.02	50,848.19	0.48%
JENNISON GROWTH FD CL A	21,854.6125	16.220	354,481.82	354,481.81	3.33%
VICTORY DIVERSIFIED STOCK FD	10,525.6408	13.980	163,848.93	147,148.46	1.38%
VICTORY DIVRSIFIED STOCK FD GM	26,830.5743	13.980	377,892.36	375,091.43	3.52%
PERKINS MID CAP VAL INV SHARES	11,874.8070	19.800	234,890.85	235,121.18	2.21%
SELIGMAN COMM & INFO FD CL A	4,418.4043	38.780	131,129.04	171,345.72	1.61%
EATON VANCE LG-CAP VALUE FD A	11,770.8581	16.740	219,659.05	197,044.16	1.85%
MFS UTILITIES FUND CL A	20,035.6755	14.940	276,809.55	299,332.99	2.81%

Balances include the effect of pending trades



STATEMENT OF ASSETS
FOR THE PERIOD 01/01/2009 - 12/31/2009

COAXIS, INC.
401(K) PLAN
CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
DAVIS NY VENTURE FD CL A	7,414.3730	30.980	240,719.90	229,697.28	2.16%
DAVIS NY VENTURE FD CL A GM	12,166.3873	30.980	351,979.49	376,914.68	3.54%
TOTAL MUTUAL FUNDS			8,686,540.08	8,826,924.32	82.84%
<u>LOANS</u>					
LOAN FUND	74,510.2400	1.000	74,510.24	74,510.24	0.70%
<u>PENDING SETTLEMENT FUNDS</u>					
PENDING SETTLEMENT FUND	50.0000	1.000	50.00	50.00	0.00%
INVESTMENT TOTAL			10,521,613.26	10,655,377.30	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			280.40	280.40	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			10,521,893.66	10,655,657.70	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades