	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service This form is required to be filed				Plan	2010						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	4 (ERISA), and section 6058(a) of the Code (the Code). This Form is Open to Public							
Ρ	ension Benefit Guaranty Corporation	0-SF.	Inspection								
	Persion benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instructions to the Form 5500-SF. Complete all entries in accordance with the instruct										
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan					
B	This return/report is for:	n/report									
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)	_					
C	C Check box if filing under:										
r	special extension (enter description)										
		nation—enter all requested inform	ation		41						
	Name of plan UM NETWORKS 401(K) PLAN				10	Three-digit plan number					
CERI						pian number (PN) ►					
					1c	Effective date of plan 01/01/2002					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-2059896					
	E 2ND AVE, SUITE 10				2c	Plan sponsor's telephone number 509-536-8610					
SPO	KANE, WA 99202				2d	Business code (see instructions) 454390					
3a CERI	Plan administrator's name and UM NETWORKS, LLC	address (if same as Plan sponsor, e 1011 E 2ND	AVE, SUIT	e") E 10	3b	b Administrator's EIN 91-2059896					
		SPOKANE, V	WA 99202		3c	3c Administrator's telephone number 509-536-8610					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
I	name, EIN, and the plan numbe	r from the last return/report. Sponso		4c	PN						
5a	Total number of participants at	the beginning of the plan year			5a						
b			5b	85							
С	Total number of participants wi	th account balances as of the end of	f the plan y	rear (defined benefit plans do not	5c	85					
6a	• •	uring the plan year invested in eligib				Yes No					
	Are you claiming a waiver of th	e annual examination and report of	an indeper	ident qualified public accountant (IQ							
	,	See instructions on waiver eligibility a		,		Yes No					
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo Ition	orm 5500-	Sr and must instead use Form 55	00.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а			. 7a	2141720	C	2686051					
b	Total plan liabilities		. 7b								
С	Net plan assets (subtract line 7	b from line 7a)	- 7c	214172	C	2686051					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or recei		0-(4)	20515	b						
(1) Employers(2) Participants		. 8a(1) . 8a(2)	30128	3							
					-						
b	(3) Others (including rollovers) Other income (loss)			24817	7						
c	· · · ·	3a(2), 8a(3), and 8b)				754610					
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	20984-	4						
to provide benefits) Certain deemed and/or corrective distributions (see instructions)											
f Administrative service providers (salaries, fees, commissions)			-	28	5						
g	•	······································		150	50						
h	•	Be, 8f, and 8g)				210279					
i		8h from line 8c)			54						
j	Transfers to (from) the plan (se	e instructions)	8j								

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 3D 2F 2G 2J
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions							
10	D	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		×				
С	V	/as the plan covered by a fidelity bond?	10c	Х					500000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 								
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					27698
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						Yes	No
12									× No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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 letter ruling granting the waiver								
lf :	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			20)				
b	Er	ter the minimum required contribution for this plan year			12b				
С									
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).								
е	W	It the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	I	No	N/A
Part	VI	Plan Terminations and Transfers of Assets							
13a	Ha	is a resolution to terminate the plan been adopted during the plan year or any prior year?		·····				Yes	X No
	lf '	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								× No
C 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.)									
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	05/04/2011	WILLIAM JUNKERMIER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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	Form 5500-SF Short Form Annual R	OMB Nos. 1210-0110 1210-0089										
	Department of the Treasury Internal Revenue Service This form is required to be file		2010									
6	Department of Labor Retirement Income Security /	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public								
F	ension Benefit Guaranty Corporation Complete all entries in accor	h the instructions to the Form 5500	-SF.	Inspection								
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
~		1										
	This return/report is for: ingre-employer plan	final retu	employer plan (not multiemployer)	one-participant plan								
U	an amended return/report		n year return/report (less than 12 mor	ithe)								
С	Check box if filing under:		extension	iais)	DFVC program							
special extension (enter description)												
Pa	Part II Basic Plan Information—enter all requested information											
1a	Name of plan		-	1b	Three-digit							
	CERIUM NETWORKS 401(K) PLAN				plan number							
				1c	(PN) OC1 Effective date of plan							
	· · ·			10	01/01/2002							
2a	Plan sponsor's name and address (employer, if for single-employer CERIUM NETWORKS, LLC	pian)			Employer Identification Number							
					(EIN) 91-2059896 Plan sponsor's telephone number							
	1011 E 2ND AVE, SUITE 10				509-536-8610							
	SPOKANE WA 99202			2d	Business code (see instructions) 454390							
3a	Plan administrator's name and address (if same as Plan sponsor, e CERIUM NETWORKS, LLC	enter "Sam	B*)	3b	454590 Administrator's EIN 91-2059896							
	1011 E 2ND AVE, SUITE 10 SPOKANE WA 99202			3c	Administrator's telephone number 509-536-8610							
4	f the name and/or EIN of the plan sponsor has changed since the la	ist return/report filed for this plan, enter the			EIN							
l	name, EIN, and the plan number from the last return/report. Sponso	or's name		Ác.	C PN							
5a	Total number of participants at the beginning of the plan year			5a	83							
	Total number of participants at the end of the plan year		L L L L L L L L L L L L L L L L L L L	5b	85							
	Total number of participants with account balances as of the end o complete this item).	f the plan y	/ear (defined benefit plans do not	5c	85							
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No							
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
Da	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must instead use Form 550	0.								
7	Plan Assets and Liabilities	1 Lugard	(a) Paginaing of Veen	1	(h) E. J. (h)							
'a	Total plan assets	. 7a	(a) Beginning of Year 214172		(b) End of Year 2686051							
b	Total plan liabilities				2000001							
C	Net plan assets (subtract line 7b from line 7a)	. 7c	2141720	2	2686051							
8	income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total							
а	Contributions received or receivable from:	0.14	00515									
	 (1) Employers		20515 30128									
	(3) Others (including rollovers)	. 8a(3)		4								
b	Other income (loss)		24817	7								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			754610							
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	. 8d	209844	L I								
e	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)		285									
g	Other expenses		15(<u> </u>								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				210279							
l i	Income (loss) (subtract line 8h from line 8c)				544331							
J For F	Transfers to (from) the plan (see instructions).	0	SEOO.SE		Form 5500-SE (2010)							

Form 5500-SF (2010) v.092308.1 .-

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

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

Part	V	Compliance Questions								
10	Duri	ng the plan year:				Yes	No	A	mount	
а	Was 29 (there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	iod described in m)	10a		x				
b	Wer on li	e there any nonexempt transactions with any party-in-interest? (D ne 10a.)	10b		х					
С		s the plan covered by a fidelity bond?	10c	x		F WWF CHILDREN CO. C.	500000			
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidel	10d		x		<u> </u>			
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 								· · · · · · · · · · · · · · · · · · ·	
f	Has	the plan failed to provide any benefit when due under the plan?			10f		x			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	х		2769		
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		x			
i		Ih was answered "Yes," check the box if you either provided the re- eptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance						hanik ha		
11	is th	is a defined benefit plan subject to minimum funding requirements							Yes 🗍 No	
12		is a defined contribution plan subject to the minimum funding requ							Yes X No	
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
a		waiver of the minimum funding standard for a prior year is being an								
lf		ting the waiver ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME			ur		Day	I	edi	
		r the minimum required contribution for this plan year				Г	12b			
		r the amount contributed by the employer to the plan for this plan					12c	······		
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	is sign to the left	of a	Γ.	12d			
e		the minimum funding amount reported on line 12d be met by the fi						Yes	No N/A	
Part	VII	Plan Terminations and Transfers of Assets	······							
13a	Has	a resolution to terminate the plan been adopted during the plan ya	ear or any prior year	?					Yes X No	
		es," enter the amount of any plan assets that reverted to the emplo	• •			r.,	13a		land	
b		e all the plan assets distributed to participants or beneficiaries, tra					ntrol	L		
		e PBGC?							Yes X No	
с 		ring this plan year, any assets or liabilities were transferred from t th assets or liabilities were transferred. (See instructions.)	his plan to another p	plan(s), identify th	ne pla	n(s) to				
1	3c(1)	Name of plan(s):				13c(2) EIN(s) 13c(3) PN(s			13c(3) PN(s)	
							•			
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 lefth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 5/2/11 WILLIAM JUNKERMIER										
	IERE Signature of plan administrator Date Enter name of individual signing as plan administrator							stralor		
SIGI	- 1		Dela	Pastan	a alla di s		_1			
		Signature of employer/plan sponsor	Date	Enter name of in	Idividi	jal sig	ning as	s employer o	r plan sponsor	