	Form 5500-SF	Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Empl				2010					
En	Department of Labor nployee Benefits Security Administration	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part I         Annual Report Identification Information           For calendar plan year 2010 or fiscal plan year beginning         01/01/2010         and ending         12/31/2010											
	calendar plan year 2010 or fisca	single-employer plan		and ending 1 mployer plan (not multiemployer)	2/31/2						
	This return/report is for:			one-participant plan							
B	This return/report is for:	first return/report									
•		nths)									
C	C Check box if filing under:										
De	Part II         Basic Plan Information—enter all requested information										
	Name of plan	<b>nation</b> —enter all requested information	ation		1h	Three-digit					
	ATRIX INC 401(K) PLAN					plan number 001					
						(PN) ►					
					1c	Effective date of plan 01/01/2005					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 20-1718463					
	8 NORTHUP WAY				2c	Plan sponsor's telephone number 301-287-0367					
SUIT	E W320 EVUE, WA 98005				2d	Business code (see instructions) 511210					
3a	Plan administrator's name and a	address (if same as Plan sponsor, er 11808 NORT	nter "Same	2")	3b	Administrator's EIN 20-1718463					
OBM			3c	Administrator's telephone number 301-287-0367							
<b>4</b> I	f the name and/or EIN of the pla	port filed for this plan, enter the	4b	EIN							
		r from the last return/report. Sponso									
50	Total number of participants at	the beginning of the plan year			PN25						
b		the beginning of the plan year			5a	20					
c		the end of the plan year th account balances as of the end of			5b	20					
			, ,	, , , , , , , , , , , , , , , , , , ,	5c	12					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes 🗌 No					
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No					
		er 6a or 6b, the plan cannot use Fo		,							
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
a			7a	422652	2	448074					
b			7b	42265	,	449074					
<u> </u>		b from line 7a)	7c	422652	-	448074					
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total					
u			8a(1)								
	(2) Participants		74549	9							
	(3) Others (including rollovers)		_								
b	· · · ·				1	400000					
C		Ba(2), 8a(3), and 8b)	8c			132003					
d		enefits paid (including direct rollovers and insurance premiums provide benefits)									
е	· ,	ve distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)				100	<u>ר</u>						
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					106581					
i	Net income (loss) (subtract line	8h from line 8c)	8i			25422					
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

- **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 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	During the plan year:		Yes	No		Amou	nt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
С	Was the plan covered by a fidelity bond?	10c	Х					43000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
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.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					4167	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11									
lf b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. <b>Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b> Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left in negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	tions, th of a	and e	nter th Day 12b 12c 12d	ne date of th	e lette		0	
Part	VII Plan Terminations and Transfers of Assets								
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		Г			<u> </u>	res	X No	
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li></ul>									
							c(3)	PN(s)	
<b>•</b> •									

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, 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.	07/15/2011	PAUL J. VELKY JR.					
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					

Form 5500-SF	Short Form Annual F			I Employe	e	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit		ita Empiona	2010			
Department of Labor	This form is required to be file Retirement Income Security	Act of 1974	(ERISA), and section (					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation			de (the Code).		Ir	This Form is Open to Public Inspection		
Part Annual Report Id	Complete all entries in accord deptification Information	rdance with	the instructions to ti	he Form 5500-S	F			
For calendar plan year 2010 or fisc		01/01/20	10 and	ending	12/31/20	10		
A This return/report is for:	x single-employer plan	] multiple-e	nployer plan (not multi	emplover)	one-particip	oant pian		
B This return/report is for:	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	final return	1			<b>F</b>		
	an amended return/report	1	year return/report (les	s than 12 month	6)			
C Check box if filing under:	Form 5558	automatic			DFVC prog	ram		
Check box it mang under.	special extension (enter descripti	4						
Part II Basic Plan Infor	mation-enter all requested inform							
1a Name of plan	mation site allequested mon			1	b Three-digit	1		
UBMATRIX INC 401(K	) PLAN				plan number			
					(PN)	001		
				1	C Effective date 01/01/200			
2a Plan shoreor's name and add	rass (amployer, if for single amploye	r nian)			b Employer Iden	· · · · · · · · · · · · · · · · · · ·		
UBMATRIX INC	ress (employer, if for single-employe	pany			(EIN) 20-17	18463		
				2	C Plan sponsors	s telephone number		
11808 NORTHUP WAY SUITE W320					(301)287-	(see instructions)		
BELLEVUE			WA 98005		511210	(see insulucions)		
3a Plan administrator's name and SAME	i address (if same as Plan sponsor, i	enter "Same	")	3	b Administrator's	s EIN		
SRME					· A alam in in the state of			
				4	C Administrator	s telephone number		
	lan sponsor has changed since the la		port filed for this plan, e	enter the	b EIN			
name, EIN, and the plan numbe	er from the last return/report. Spons	or's name						
					C DN			
5a Total number of participants a	at the beginning of the plan year				C PN	25		
• •	at the beginning of the plan year It the end of the plan year.	,			ia	25		
<b>b</b> Total number of participants a	it the end of the plan year					25		
<b>b</b> Total number of participants a <b>c</b> Total number of participants w		of the plan y	ear (defined benefit pla	ins do not	ia			
<ul> <li>b Total number of participants a</li> <li>c Total number of participants w complete this item)</li></ul>	It the end of the plan year with account balances as of the end o during the plan year invested in eligit	of the plan y	ee instructions.)	ins do not 6	ia ib ic	20		
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<ul> <li>b Total number of participants a</li> <li>c Total number of participants we complete this item).</li> <li>6a Were all of the plan's assets</li> <li>b Are you claiming a waiver of funder 29 CFR 2520.104-46?</li> <li>If you answered "No" to eitht</li> <li>Part III Financial Inform</li> <li>7 Plan Assets and Liabilities</li> </ul>	It the end of the plan year with account balances as of the end of during the plan year invested in eligit the annual examination and report o (See instructions on waiver eligibility her 6a or 6b, the plan cannot use F	of the plan y ble assets? f an indeper and conditi form \$500-3	ear (defined benefit pla (See instructions.) dent qualified public a ons.). SF and must instead o	ins do not ccountant (IQPA use Form 5500.	ia ib ic	20 12 X Yes No X Yes No		
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<ul> <li>b Total number of participants a</li> <li>c Total number of participants w complete this item)</li></ul>	the end of the plan year with account balances as of the end of during the plan year invested in eligit the annuel examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use F nation 7b from line 7a) afers for this Plan Year elvable from: s) 8a(2), 8a(3), and 8b) collovers and insurance premiums clive distributions (see instructions) ers (salaries, fees, commissions) 8e, 8f, and 8g)	of the plan y ble assets? f an indeper and conditi form 5500-3 7a 7b 7b 7c 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8b 8b 8c 8c 8d 8c 8f 8g 8h	ear (defined benefit pla (See instructions.) (dent qualified public a ons.). SF and must instead of (a) Beginning	5 105 do not 5 5 5 5 5 5 5 5 5 5 5 5 5	ia ib ic (b) En (b) En	20 12 Yes No Yes No No No No No No 448,074 448,074 1701		
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<u></u>	Form 5500-SF 2010			F	Page <b>2-</b>							
Par	t IV Plan Characteristics				······				-			
9a	If the plan provides pension benefits, anter the applicable per	nsion featur	re code	s from the	List of Plan Char	acteri	stic Co	des ir	the inst	ructions:		
	2E 2F 2G 2J 3D											
b	If the plan provides welfare benefits, enter the applicable welf	fare featur	e code:	s from the	List of Plan Chara	acteris	tic Co	des in	the instri	uctions:		
Par	Compliance Questions											
10	During the plan year:						Yes	No	-	Amour	nt.	
a	Was there a failure to transmit to the plan any participant cor 29 CFR 2510.3-102? (See instructions and DOL's Voluntary	ntributions :	within t	he time p	eriod described in			x				
b	Were there any nonexempt transactions with any party-in-int on line 10a.)	terest? (Do	not inc	ude trans	sactions reported	10a		X				
c	Was the plan covered by a fidelity bond?					10b 10c						
- d	Did the plan have a loss, whether or not reimbursed by the p						Х				43,	000
	or dishonesty?		-			100		x				
6	Were any fees or commissions paid to any brokers, agents, a insurance service or other organization that provides some a instructions.)	or all of the	benefit	under th	e plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the					10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amo					10r	x					1.00
h	If this is an individual account plan, was there a blackout peri 2520.101-3.)	iod? (See i	nstructi	ons and 2	9 CFR	10g	X	x			4,	167
1	If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 252	ded the reg	uired n	otice or o	ne of the	101		^				
Part	VI Pension Funding Compliance								A AND A A A A A A A A A A A A A A A A A			<u> 165. – 4</u>
11	Is this a defined benefit plan subject to minimum funding requ	uirements?	(If "Ye	s," see ins	structions and com	plete	Sched	ule Si	B (Form		Пає	No
12	is this a defined contribution plan subject to the minimum fun										35 X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as a	applicable.)										NU
a	If a waiver of the minimum funding standard for a prior year is	s being am	ortized	in this pla	n year, see instruc	tions,	ande	nter ti	ne date o	f the letter	ruling	
if <sub>1</sub>	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Sch	edule MB /	Form	5500) an		th		Day		Year_		-
	Enter the minimum required contribution for this plan year						Г	125	1			
	Enter the amount contributed by the employer to the plan for							12c				
d	Subtract the amount in line 12c from the amount in line 12b. E	Enter the re	suit (e	nter a min	us sign to the left	ofa		12d	<u>†</u>		-	
	negative amount)						L	-	<u> </u>			
Part	Will the minimum funding amount reported on line 12d be me		iding di	adline?				*****	Yes	No		N/A
158	Has a resolution to terminate the plan been adopted during th								1	Y	» X	No
b	If "Yes," enter the amount of any plan assets that reverted to t Were all the plan assets distributed to participants or beneficia	the employ	er this	year	nlan eskeriski		····, , , ,	13a	<u> </u>			
	of the PBGC?				-			ntroi		[] Ye	s 🗙	No
_	which assets or liabilities were transferred. (See Instructions.)	)	s pian i		plan(s), identity th	ie plar	1(S) IO					
1	3c(1) Name of plan(s):						130	:(2) E	N(5)	13c	(3) PN	(\$)
											, <u>ne</u>	
Cauti	on: A penalty for the late or incomplete filing of this return	n/report wi	ll be a	besesed	uniess reasonabi	e cau	se is e	stab	ished.	I		<u>-</u>
Under SB or	penalties of perjury and other penalties set forth in the instruct Schedule MB completed and signed by an enrolled actuary, a it is true, correct, and complete.	ctions. I dee	clare th	et i heve	examined this retu	miren	ort in	oludin	a if anali	cable, a S y knowled	chedui )e and	ė
					Λ.					· • • • • • • • • • • • • • • • • • • •		
SIGN			1-01	204	PAUL J	VE	LKy.	JR	•			

SIGN			07-01-204	PAUL J. VELKY JR.
HERE	Signature of plan administrator		Date	Enter name of individual signing as plan administrator
SIGN				
SIGN HERE	Signature of employer/plan sponsor		Date	Enter name of individual signing as employer or plan sponsor
			, :	
		•	1 n (n.)	