	Form 5500-SF	Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service			2010							
	Department of Labor	Retirement Income Security A	Act of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the		This Form is Open to Public					
-	nployee Benefits Security Administration ension Benefit Guaranty Corporation	Code (the Code).	Inspection								
r	Perison benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information										
	calendar plan year 2010 or fisca		0	and ending 1	2/31/2	2010					
Α.	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan						
	This return/report is for:	n/report									
		an amended return/report	short plar	year return/report (less than 12 mo	nths)						
С	Check box if filing under:		DFVC program								
•	C Check box if filing under:										
Pa	Part II Basic Plan Information—enter all requested information										
	Name of plan				1b	Three-digit					
DOY	ENZ, INC. 401(K) PLAN					plan number 001					
					1c	(PN) Effective date of plan					
					10	04/30/2010					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number					
	,				2c	Plan sponsor's telephone number					
	5 SE 6TH STREET, SUITE 120 EVUE, WA 98004				2d	206-905-4713 Business code (see instructions)					
20				. 2)		541519 Administrator's EIN					
DOY	ENZ, INC.	address (if same as Plan sponsor, en 11245 SE 6T BELLEVUE, 1	'H STREE'	F, SUITE 120		51-0654434					
		Bellevoe,			3c	Administrator's telephone number 206-905-4713					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
I	name, EIN, and the plan numbe		4c	PN							
5a	Total number of participants at	the beginning of the plan year			5a	15					
b	Total number of participants at	the end of the plan year			5b	25					
c		th account balances as of the end of			5c	5					
62	· · · · ·	uring the plan year invested in eligibl			50	Yes No					
	•	e annual examination and report of a		. ,	 РА)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	If you answered "No" to either in the second	er 6a or 6b, the plan cannot use Fo ation	orm 5500-	SF and must instead use Form 55	00.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
a			. 7a	(u) beginning er reur)	182652					
b	•										
С	Net plan assets (subtract line 7	b from line 7a)	7c	()	182652					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or received										
			8a(1)	20602	>						
			8a(2) 8a(3)	2000	-						
b	., ,			2759 [,]	1						
c		Ba(2), 8a(3), and 8b)				48193					
d		ollovers and insurance premiums		4045							
	, ,		8d	10459	2						
e		ve distributions (see instructions)	8e								
f	•	s (salaries, fees, commissions)			4						
g	•		Ŭ			10459					
n i		3e, 8f, and 8g)	8h			37734					
;		8h from line 8c) e instructions)	-	144918	3						
		• ···•• • • • • • • • • • • • • • • • •	1 81	144310	-						

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 2T 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		Amo	unt		
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		×					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?	10c	Х					50000	
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					
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.)	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					
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									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 y	you 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			12b	<u> </u>				
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
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)		[12d				_	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	0	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Π	Yes	× No	
	If "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 of the PBGC?	under	the co				Yes	× No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to						
1	3c(1) Name of plan(s):		130	:(2) El	N(s)	1	3c(3)	PN(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.	1			

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.	07/25/2011	ASHUTOSH TIWARY					
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	orm 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan								
	Department of the Treasury Internal Revenue Service	This form is required to be filed	•	2010						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public					
	ension Benefit Guaranty Corporation		fance wit	h the instructions to the Form 5500)-SF.	Паресной				
L	art I Annual Report Ide calendar plan year 2010 or fiscal	ntification Information	4/30/2	010 and ending		12/31/2010				
				employer plan (not multiemployer)		one-participant plan				
			final retur							
Б	This return/report is for:	an amended return/report		n year return/report (less than 12 mon	the \					
с <i>(</i>	Check box if filing under:	Form 5558	•	c extension	1113)	DFVC program				
		special extension (enter descriptio								
Pa	rt II Basic Plan Inform	ation—enter all requested information		······································						
Linimite de ser	Name of plan	allon enter all requested intomis			1b	Three-digit				
	Doyenz, Inc. 401(k)	Plan				plan number				
				-	4-	(PN) ▶ 001				
					10	Effective date of plan 04/30/2010				
2a	Plan sponsor's name and addres	s (employer, if for single-employer	plan)		2b	Employer Identification Number				
	Doyenz, Inc.			-	0	(EIN) 51-0654434				
					2C	Plan sponsor's telephone number (206) 905-4713				
	11245 SE 6th Street,	Suite 120		-	2d	Business code (see instructions)				
	Bellevue	delana (if a manage Diana ang ang		WA 98004	24	541519				
Ja		ddress (if same as Plan sponsor, ei	nter Sami		3b Administrator's EIN					
				-	3c	Administrator's telephone number				
1 F	the name and/or EIN of the plan	sponger has shanged since the los		mort filed for this plan, optor the	46	C 151				
		sponsor has changed since the las from the last return/report. Sponso		port med for this plan, enter the	40	EIN				
				4c	PN					
				5a	15					
	, ,	he end of the plan year		-	5b	25				
С	Total number of participants with complete this item)	account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	5				
6a	······	ring the plan year invested in eligibl	le assets?	(See instructions.)		X Yes No				
	Are you claiming a waiver of the	annual examination and report of	an indepe	ndent qualified public accountant (IQI						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Informat									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a		0	182,652				
b	Total plan liabilities		7b							
<u> </u>	Net plan assets (subtract line 7b	from line 7a)	7c		이	182,652				
8	Income, Expenses, and Transfe			(a) Amount		(b) Total				
а	Contributions received or received (1) Employers	able from:	8a(1)							
			8a(2)	20,60	2					
	., .		8a(3)		-					
b			8b	27,59	1					
С		a(2), 8a(3), and 8b)	8c			48,193				
d	Benefits paid (including direct ro		8d	10,45	9					
е		e distributions (see instructions)	8e							
f	Administrative service providers	(salaries, fees, commissions)	8f]	en mente de dan Bachiland, dis Luni katala. Nga pangangan na mangangan katalan kata				
g	Other expenses		<u>8g</u>							
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	8h			10,459				
í		8h from line 8c)	8 i			37,734				
j	Transfers to (from) the plan (see	instructions)	8j	144,91	8					

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

			Characteristic	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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2E 2F 2G 2J 2T 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

1									
10	During the plan year:				Yes	No		Amou	Int
а	Was there a failure to transmit to the plan any participant contributions withi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr			10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not on line 10a.)	10b		x					
с	Was the plan covered by a fidelity bond?			10c	x				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo or dishonesty?		x			·····			
e	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the bene instructions.)		x						
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 e	end.)		10a	1	x			
h	If this is an individual account plan, was there a blackout period? (See instru 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (if " 5500))								Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirement	ents of sectior	1 412 of the Code	or se	ection	302 of	ERISA?		Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortiz granting the waiver.								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For					Day		i çai	
-	Enter the minimum required contribution for this plan year		-		[12b			
	Enter the amount contributed by the employer to the plan for this plan year.					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	t (enter a mini	us sign to the left	ofa		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?					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 year or	any prior yea	r?					[]	Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer the				Г	13a	1		
b	Were all the plan assets distributed to participants or beneficiaries, transferro of the PBGC?	ed to another	plan, or brought	under	the c		1		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another	plan(s), identify tl	he pla	n(s) to				
1	13c(1) Name of plan(s):				13	ic(2) E	N(s)	1:	3c(3) PN(s)
Caut	tion: A penalty for the late or incomplete filing of this return/report will b	e assessed i	inless reasonab	le car	ise ie	estab	lished		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare or Schedule MB completed and signed by an enrolled actuary, as well as the e f, it is true, correct, and complete.	e that I have e	examined this retu	urn/re	port, ii	ncludin	g, if appli		
	Mins Int.	10 barr	Ashutosh T	iur⇒	r.,				
SIG		444		va.	<u>- x</u>				

0.0.6			
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