	Form 5500-SF		eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	This form is required to be filed	•	2010							
Er	Department of Labor nployee Benefits Security Administration	e This Form is Open to Publi									
P	Pension Benefit Guaranty Corporation Inspection • Complete all entries in accordance with 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											
_		2/31/2									
	This return/report is for:		one-participant plan								
Ъ	B This return/report is for:										
C	Check box if filing under:	DFVC program									
0	C Check box if filing under: C Form 5558 automatic extension DFVC program DFVC program										
Pa	Int II Basic Plan Inform	nation —enter all requested information									
1a	Name of plan	·			1b	Three-digit					
LASE	ER ELECTRIC RETIREMENT P	LAN				plan number (PN) ▶ 001					
					1c	Effective date of plan					
						04/01/2005					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number					
LASE	ER ELECTRIC, INC.				2c	(EIN) 36-4569906 Plan sponsor's telephone number					
	- 19TH AVE. E. DMA, WA 98445					253-535-1900 Business code (see instructions)					
						238210					
3a LASE	Plan administrator's name and R ELECTRIC, INC.	address (if same as Plan sponsor, er 9523 - 19TH TACOMA, W.	AVE. E.	2")	3b	Administrator's EIN 36-4569906					
			3c Administrator's telephone number 253-535-1900								
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
	name, Em, and the plan numbe	r from the last return/report. Sponso	i s name		4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a	5					
b	Total number of participants at	the end of the plan year			5b	5					
С	· · ·	th account balances as of the end of			5c	5					
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	ation									
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year					
a	•		7a 7b	269472	2	343352					
b	·	b from line 7a)	269472	269472 34							
<u> </u>	Income, Expenses, and Transf	,	7c	(a) Amount							
a	Contributions received or recei					(b) Total					
			<u>8a(1)</u>								
	(2) Participants)									
h		l	8a(3)	58754	1						
b		$P_{\alpha}(2), P_{\alpha}(2), and P_{\alpha}(2)$	8b	5075-	•	73880					
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c								
-			8d								
е	Certain deemed and/or correct	ive distributions (see instructions)	8e								
f		s (salaries, fees, commissions)	8f								
g h	•		8g								
h i		3e, 8f, and 8g) 9 8h from line 8c)	8h 8i		73						
j		e instructions)									
		,	, v j								

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 2T 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.)	10b		Х					
С	Was the plan covered by a fidelity bond?		Х				1	000000	
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		Х					
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500))						Yes	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	802 of I	ERISA?.	. 🗍	Yes	X No	
	(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 instru- granting the waiver	th							
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	ļ				
С	Enter the amount contributed by the employer to the plan for this plan year			12c	ļ				
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	N	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	X 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			Π	Yes	X No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):		130	c(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.	09/19/2011	TRACY L. KETCHUM					
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		eturn/F Benefit	Report of Small Emplo	CMB Nos. 1210-01 1210-000				
Internal Revenue Service	ce This form is required to be filed under sections 104 and 4065 of the Employe					2010		
Department of Labor Employee Benefits Security Administration	Retirement Income Security /		This Form	is Open to Public				
Pension Benefit Guaranty Corporation	_ Interna	This Form is Open to Pu Inspection						
	Identification Information	dance with	h the instructions to the Form 550	0-SF.	•			
For calendar plan year 2010 or fis		• • • • • • • •	and ending					
A This return/report is for:	Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
-	☐ first return/report □		2010 - 2010			ani pian		
B This return/report is for:	봄 이 이 가지 않는 날	_ first return/report final return/report final return/report an amended return/report short plan year return/report (less than 12 month						
-	·	onths)						
Check box if filing under:	X Form 5558							
	special extension (enter description							
	rmation—enter all requested inform	ation						
a Name of plan				1b	Three-digit			
ASER ELECTRIC RETIREMENT	PLAN				plan number (PN) ▶	001		
				10	Effective date c			
					04/01/2			
a Plan sponsor's name and add	dress (employer, if for single-employer	plan)		2b	Employer Identi	ification Number		
ASER ELECTRIC, INC.	ann fallach a sealadh a se a faoin seann ann ann an seann an ann ann ann ann ann ann ann ann				(EIN) 36-456	9906		
				2c	Plan sponsor's	telephone number		
523 - 19TH AVE, E. ACOMA WA 98445				24	253-53			
				20	Business code 238210	(see instructions)		
a Plan administrator's name an	d address (if same as Plan sponsor, e	nter "Same	3″)	3b	Administrator's	FIN		
AME			23.		36-456			
				3c	Administrator's	telephone number		
				13 C				
I lifthe name and/or EIN of the r	lon energy has shanged since the lo	-+	want filmed fan their allem andere the		253-53	0-1900		
	plan sponsor has changed since the la per from the last return/report. Sponso		port filed for this plan, enter the		253-53 EIN	5-1900		
	plan sponsor has changed since the la per from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN	3-1900		
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Form 5500-SF 2010

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A Transformer of the second	IV Plan Characteristics		2010					
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 2K 2T 3D	acteris	stic Co	odes in	the instru	uction	s:	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	lic Co	des in i	the instru	ctions	3:	
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Am	ount	
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		x				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
C							000000	
d								
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		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		x			a s	
i								
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	ule SB	(Form	Γ	Yes	∏ No
	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 instru granting the waiver	ctions,	and e	inter th	e date of	the le	s etter ruli	X No ng
b	Enter the minimum required contribution for this plan year			12b		8		
C	Enter the amount contributed by the employer to the plan for this plan year			12c				
d								
e	Will the minimum funding amount reported on line 12d be met by the funding 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 year?		·····				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		C	Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plar	n(s) to					
1	3c(1) Name of plan(s):	-	130	2) Ell	√(s)		13c(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/rep /report.	ort, in , and t	cluding o the b	, if applic est of my	able, knov	a Sche vledge i	dule and

SIGN	Macy Letit	19-16-11	TRACY L. KETCHUM
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