	Form 5500-SF	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								
P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
		entification Information	2	and anding 1	2/31/2	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						
в	This return/report is for:	first return/report	final return	e year return/report (less than 12 mo	athe)				
C	Ohaalu hay if filing yngdan	Form 5558		extension	1015)	DFVC program			
	Check box if filing under:	special extension (enter descriptio		extension					
Part II Basic Plan Information—enter all requested information									
	Name of plan				1b	Three-digit			
BLUE	ERIDGE COMPANYCOM INC 4	01K PROFIT SHARING				plan number 001			
					10	(PN) Effective date of plan			
					10	01/01/2007			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number			
	OX 2270				2c	(EIN) 65-1181260 Plan sponsor's telephone number 206-408-7362			
	HON, WA 98070				2d	Business code (see instructions) 541990			
3a BLUE	Plan administrator's name and ERIDGE COMPANYCOM INC	address (if same as Plan sponsor, er PO BOX 2270	nter "Same	")	3b	Administrator's EIN 65-1181260			
			3c	C Administrator's telephone number 206-408-7362					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	11			
b	Total number of participants at	the end of the plan year		5b	11				
C		th account balances as of the end of	· · ·	5c	11				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		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.)									
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	•		7a	154510)	238798			
b			7b	154510		220700			
<u> </u>		b from line 7a)	7c		'	238798			
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount	_	(b) Total			
ŭ			8a(1)	11912	2				
	(2) Participants		8a(2)	52795					
	(3) Others (including rollovers)		8a(3)	19581	_				
b			8b			84288			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			04200			
u			8d						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	•	s (salaries, fees, commissions)	8f						
g	•		8g						
h		3e, 8f, and 8g)	8h			84288			
i		e 8h from line 8c) e instructions)	8i			07200			
1			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 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	During the plan year:		Yes	No		Amoun	t	
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)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		Х				
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		X				
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.)			X				
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							10	
	(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	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		-					
b	b Enter the minimum required contribution for this plan year							
С	C Enter the amount contributed by the employer to the plan for this plan year							
d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N//	4
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?					Y	es X N	lo
	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			Y	es 🗙 N	١o
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			<u>.</u>		
13c(1) Name of plan(s):					N(s)	13c	:(3) PN(s)
						1		—
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ise is	establi	ished.	<u> </u>		

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.	10/15/2011	DANIEL GILBERT
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

								040 0440
	Form 5500-SF Department of the Treasury	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1 1	210 - 0110 210 - 0089	
Emplo	Internal Revenue Service Department of Labor byee Benefits Security Administration	This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the				2010		
Internal Revenue Code (the Code).				This F	orm is Open t	o Public		
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						Inspection		
Der	41 Annual Damart Id							
Par	calendar plan year 2010 or fiscal	entification Information	and ending					
		single-employer plan	multiple-employer plan (not mul	tiemplo	over)	one-pa	articipant plan	
		first return/report	final return/report	liompie		0.10 pt		
U		an amended return/report	short plan year return/report (le	ss than	12 months)			
С	heck box if filing under: X Form 5558 automatic extension						program	
•	· · ·	special extension (enter descriptio	J					
Par		nation enter all requested info						
1a	Name of plan					1b	Three-digit plan	
	•	COM INC 401(K) PRO	FIT SHARING				number (PN) 🕨	001
						1c	Effective date	e of plan
							01/01/2	007
2a	Plan sponsor's name and addre	ess (employer, if for single-employ	er plan)			2b	Employer Identific	
	BLUERIDGE COMPANY.C	OM INC					(EIN) 65-1	181260
						2c	Plan sponsor's tel	•
	PO BOX 2270						206-408	
	VASHON	WA 98070				2d	Business code (se	e instr.)
							541990	
3a	Plan administrator's name and a BLUERIDGE COMPANY.C	address (if same as Plan sponsor,	, enter "Same")			3b	Administrato	r's EIN
							65-1181:	260
	PO BOX 2270					3c	Administrato	r's
	VASHON	WA 98070					telephone nu	mber
							206-408	-7362
4	If the name and/or EIN of the plan sp	ponsor has changed since the last retur	rn/report filed for this plan, enter the na	me, EIN	l,	4b	EIN	
						4c	PN	
-	and the plan number from the last re	eturn/report. Sponsor's name				+		
5a	and the plan number from the last re Total number of participants at					5a	- L M. H	11
5a b	Total number of participants at Total number of participants at	the beginning of the plan year the end of the plan year				5a 5b		11
	Total number of participants at t Total number of participants at Total number of participants with acc	the beginning of the plan year the end of the plan year count balances as of the end of the plan		nplete tl	nis item)	5a		11
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b c 6a b Par 7	Total number of participants at 1 Total number of participants at 1 Total number of participants with acc Were all the plan's assets durin Are you claiming a waiver of the under 29 CFR 2520.104-46? (S If you answered "No" to either t III Financial Informa Plan Assets and Liabilities	the beginning of the plan year the end of the plan year <u>count balances as of the end of the plan</u> ig the plan year invested in eligible e annual examination and report o See instructions on waiver eligibility er 6a or 6b, the plan cannot use ation	assets? (See instructions.) f an independent qualified public a y and conditions.) Form 5500-SF and must instead	accoun d use F	tant (IQPA) Form 5500. (a) Beginning o	5a 5b 5c	X Yes	11 11 No No
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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 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:

Par	V Compliance Questions					
10	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					
u	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			x		
b	the second s					
~	on line 10a.)			x		
с	Was the plan covered by a fidelity bond?	10c		x		
d	C was the plan covered by a induity bolic.					
	or dishonesty?	10d		x		<u> </u>
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		x		
g	Did the plan have any participant loans? (If "Yes," enter the amount as of year end.)	10g		x		
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					
	2520.101-3.)	10h		X		
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				
Par	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet	e Sche	dule S	B (Form		7
	5500))			<u></u>	Yes 2	
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.)					
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 a granting the waiver Month Day Year					
		ntn	Da	ay		
lf y	bu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 18.			12b		
b	Enter the minimum required contribution for this plan year			120 12c		
С	Enter the amount contributed by the employer to the plan for this plan year			120		
d						
	negative amount)				'es No	N/A
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets				<u> </u>	
Par	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes 2	۲ No
13a	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und					
D	of the PBGC?				Yes 🛛	No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p	lan(s) t	о			
Ŭ	which assets or liabilities were transferred. (See instructions.)					
	3c(1) Name of plan(s):	13	c (2) E	EIN(s)	13c(3) PI	N(s)
				hlichod		

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.

	Dal Billin	10/13/11	DANIEL GILBERT
SIGN 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