	Form 5500-SF	Report of Small Employ	• •						
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Em				- -	2011			
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605								
	nployee Benefits Security Administration ension Benefit Guaranty Corporation	Code (the Code).		Inspection					
		Complete all entries in accord lentification Information	dance with	h the instructions to the Form 5500)-SF.				
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011			
	This return/report is for:	a single-employer plan	a multiple	employer plan (not multiemployer)		a one-participant plan			
	This return/report is:	the first return/report	•	eturn/report					
_				an year return/report (less than 12 mc	onths)				
С	Check box if filing under:	Form 5558	•	extension	/	DFVC program			
•		special extension (enter descriptio							
Pa	rt II Basic Plan Inform	nation—enter all requested information	,						
	Name of plan				1b	Three-digit			
VOIC	EBOX TECHNOLOGIES RETIF	REMENT PLAN				plan number			
				-	10	(PN) ▶ 001 Effective date of plan			
					10	01/01/2005			
		ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
VOIC	EBOX TECHNOLOGIES, INC.					(EIN) 91-2167512			
					2c	Sponsor's telephone number 425-968-7910			
	0 N.E. 24TH ST., SUITE 100 EVUE, WA 98005				2d	Business code (see instructions)			
		address (if same as plan sponsor, er			3b	541519 Administrator's EIN			
VOIC	EBOX TECHNOLOGIES, INC.	11980 N.E. 24 BELLEVUE, V		SUITE 100	20	91-2167512			
		- ,			30	Administrator's telephone number 425-968-7910			
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name				4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	85			
b	Total number of participants at	the end of the plan year			5b	100			
C		count balances as of the end of the p			5c	50			
62	1 /			(See instructions.)					
				ident qualified public accountant (IQF					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)	·····	X Yes No			
Pa	If you answered "No" to eith rt III Financial Informa		orm 5500-	SF and must instead use Form 550	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
'a			7a	1813947	(b) End of Year 195912				
b									
с	Net plan assets (subtract line 7	7b from line 7a)	7c	1813947	1959128				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or recei								
			8a(1)	306750	_				
	()		8a(2)	56164	_				
h)	8a(3) 8b	-99697	-				
C C		8a(2), 8a(3), and 8b)	00 80	00001		263217			
d		rollovers and insurance premiums							
		· · · · · · · · · · · · · · · · · · ·	8d	118036	_				
е		ive distributions (see instructions)	8e						
f	•	rs (salaries, fees, commissions)	8f		_				
g			8g			118036			
h :		8e, 8f, and 8g)	8h		14518				
 		e 8h from line 8c) ee instructions)				140101			
J			· 8j						

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 2G 2J 2K 3D 2T

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	Du	ing the plan year:		Yes	No	A	mount	
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)				х			
b	• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).				Х			
С	Wa	as the plan covered by a fidelity bond?	10c	X				195913
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	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See uructions.)	10e	x				12532
f	Ha	s 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		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х			
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Yes	No
а	 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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							
b	Ent	er the minimum required contribution for this plan year			12b			
С		er the amount contributed by the employer to the plan for this plan year			12c			
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	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 in any plan year?			`	res X No		
	If "۲	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	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.)							
13c(1) Name of plan(s):						13c(2) EIN(s) 13c		
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.		

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.	05/18/2012	TODD KENCK				
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				

				Report of Small Emplo t Plan	OMB Nos. 1210-0110 1210-0089					
telemet Devenue Convert				t Plan ections 104 and 4065 of the Employe	0	2011				
Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 the Internal Revenue Code (the Code).					58(a) of This Form is Open to Pub					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							pection			
	Part I Annual Report Identification Information									
	5		-		12/31/		1909-0			
5 <u></u> 5] the first return/report	-	e-employer plan (not multiemployer)		a one-particip	oant plan			
Б	This relurn/report is:	an amended return/report	=	relurn/report						
~		Form 5558	1	an year return/report (less than 12 m	onths	-				
C	Check box if filing under:			c extension		DFVC progra	im			
P	art II Basic Plan Inform	special extension (enter descript	100							
and the second second	Name of plan	nation—enter all requested inform	nation	····	46	T 1				
	CEBOX TECHNOLOGIES RETII	REMENT PLAN			סוי	Three-digit plan number				
		and and an an and and a				(PN) 🕨	001			
					1c	Effective date of				
2a	Plan sponsor's name and addre	ess; include room or suite number (emnlover i	f for a single employer plan)	26	01/01/2				
VOI	CEBOX TECHNOLOGIES, INC.			non a single-employer plany		Employer Identil (EIN) 91-216	7512			
1198	0 N.E. 24TH ST., SUITE 100				2c	Sponsor's telep 425-968				
- 189	_EVUE WA 98005				2d	Business code (541519				
3a SAM		address (if same as plan sponsor, e	enter "Same	e")	3b	Administrator's E 91-216				
					3c	Administrator's telephone numbe 425-968-7910				
4	If the name and/or EIN of the pl name, EIN, and the plan number	an sponsor has changed since the	last return/	report filed for this plan, enter the	4b	4b EIN				
а	Sponsor's name	er from the last returninepoilt.			4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a		85			
b					5b		100			
С	Number of participants with acc	count balances as of the end of the	plan vear (defined benefit plans do not	50 50					
6a				(See instructions.)			50 X Yes No			
b	Are you claiming a waiver of the	e annual examination and report of	an indeper	ident qualified public accountant (IO)			X Yes No			
	under 29 CFR 2520.104-46? (S	See instructions on waiver eligibility	and condit	ions.)	5. 	·····	🗙 Yes 🗌 No			
Pa	rt III Financial Informa	tion	orm 5500-	SF and must instead use Form 55	0 0 .					
7	Plan Assels and Liabilities			(a) Peginping of Vers						
а	Total plan assets		. 7a	(a) Beginning of Year 1813947	(b) End of Year 47 19591					
b					103012					
C		o from line 7a)		1813947	195912					
8	Income, Expenses, and Transfe	ers for Ihis Plan Year		(a) Amount	(b) Total					
а	Contributions received or receiv		And and a second		-					
					_					
				306750	_					
b				56164						
		er income (loss)			_					
d Benefits paid (including direct rollovers and insurance premiums							263217			
to provide benefits)				118036						
e		ve distributions (see instructions)								
f		(salaries, fees, commissions)	And the second s							
g										
n 1		e, 8f, and 8g)				dan dana da	118036			
1		8h from line 8c)			_		145181			
- 540	mansiers to (nom) the plan (see	e instructions)	· 8j							

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

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31 197 Hereita	t IV Plan Characteristics				Merel					
9a	If the plan provides pension benefits, enter the applicable pension feature	codes from th	e List of Plan Char	acteris	stic Co	des in	the instru	ctions		in succession
	2E 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare feature of								đ.	
Part	V Compliance Questions		1. due					The s	11-111	
10	During the plan year:			-	Yes	No	- XAR - X-	A		
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C	orrection Prog	ram)	10a		X		Amo	unt	
b		ot include tran	sactions reported	106		х		-78530		1845
C	Was the plan covered by a fidelity bond?			10c	x					95913
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity to r dishonesty?	bond that was	caused by fraud	10d		x				
е		ons by an insu	rance carrier,	10a	x					12532
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 yea					X		-	-	
h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)	tructions and 2	29 CER	10g 10h	-	<u>х</u>			·	
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3	red notice or o	ne of the	101						
Part				101		1960 <u>- 1</u> 96			-	
11	Is this a defined benefit plan subject to minimum funding requirements? (II 5500))	f "Yes," see in:	structions and com	plete \$	Sched	ule SB	(Form		r	
12	Is this a defined contribution plan subject to the minimum funding requirer	monte of coolic			<u></u>		·····	- <u>Lu</u>	Yes	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable)								Yes	1
	If a waiver of the minimum funding standard for a prior year is being amort granting the waiver.		Mont	tions,	and e	nler th	e dale of t	he lett	er rulin	g
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), an	d skip to line 13.	···		Day.	·······	rear		
	Enter the minimum required contribution for this plan year					12b		***	- Auto	
С	Enter the amount contributed by the employer to the plan for this plan year	r				12c		**	100	- 11V
α	Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)	ull (enter a min	us sign to the left o	of a		12d	· · · · · · · · · · · · · · · · · · ·	1032		
е	Will the minimum funding amount reported on line 12d be met by the fundi	ng deadline?			· •	ſ	Yes	ΠΝα	П	N/A
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?		- 160		1		es XN	0		-
	If "Yes," enter the amount of any plan assets that reverted to the employer	this vear		4	- 1			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control									
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	olan lo another	plan(s), identify the	e plan	(s) lo			Ц	Yes >	No</td
	Bc(1) Name of plan(s):	him him		025	130	(2) EIN				N17-1
					100	(2) [[]	1(3)		3c(3) P	14(5)
Cautio	on: A penalty for the late or incomplete filing of this return/report will	he assessed								
Under SB or	penalties of perjury and other penalties set forth in the instructions, I decla Schedule MB completed and signed by an enrolled actuary, as well as the	ro that I have	example and the target	and services	one e		1940 AUG 1	ble, a	Sched	ule
		Int.						NIOW(6	uge ar	
SIGN	× / 10 /00 / 5	13/12	TODD KENCK							

SIGN	× 140 10010	1 5/8/12	TODD KENCK				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
urne	Signature of employer/plan sponsor	Dale	Enter name of individual signing as employer or plan arrange				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sp				