Department General Reserved 2011 Department of Loos Referement income Security Act of 1974 (ERISA), and sectors 0507(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is required to be filed under sections 104 and 4065 of the Employee Referement income Security Act of 1974 (ERISA), and sectors 0507(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection Part I Annual Report Identification Information and ending 12/31/2011 a one-participant plan B This return/report is: in the first return/report a short plan year return/report a one-participant plan B This return/report is: in the first return/report a short plan year return/report a one-participant plan C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 The e-digit plan number (PN) \right> 001 1C Check box if filing under: Form 5558 automatic extension DFVC program 24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Effective date of plan 01/01/2002 24 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's	Event took a lateral Event took a lateral Event took and address in the single-order sections 104 and 405 g of the Enphases Event word address in team is engle-order sections 104 and 405 g of the Enphases The Internal Revenue Code (Inte Cause). The Internal Revenue Code (Inte Cause). The Internal Revenue Code (Inte Cause). The Internal Revenue Code (Internal Revenue Revenue Code (Internal Revenue Revenue Code (Internal Revenue Reven		Form 5500-SF		Report of Small Employ						
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		h						530437			
i Net income (loss) (subtract line 8h from line 8c)		i	Net income (loss) (subtract line	e 8h from line 8c)	8i			-446718			
	j Transfers to (from) the plan (see instructions)	j	Transfers to (from) the plan (se	e instructions)	8j	0					

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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 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						
10 During the plan year: Yes No Am							
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	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				108916
d							
е							
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				3887
h	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					
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? 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						uling	
b	Enter the minimum required contribution for this plan year			12b			
c	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 of a negative amount)						_
е							N/A
Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No		
	If "Yes," 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 u of the PBGC?					Yes	s 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	8) PN(s)
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.	06/28/2012	LEMOND FITNESS INC			
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			