

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input checked="" type="checkbox"/> special extension (enter description) <u>SEE-LETTER.</u>

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>FARWEST FREIGHT SYSTEMS INC 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/02/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/02/2002</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/02/2002</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>FARWEST FREIGHT SYSTEMS INC</u> <u>OUT OF BUSINESS SINCE 8/31/2009</u> <u>ROBERT GEDDES/BRANDIS GEDDES</u> <u>P.O. BOX 439</u> <u>P.O. BOX 439</u> <u>KAPOWSIN, WA 98344</u> <u>KAPOWSIN, WA 98344</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0978531</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>253-569-1466</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0978531</u>	2c Sponsor's telephone number <u>253-569-1466</u>	2d Business code (see instructions) <u>484120</u>	
2b Employer Identification Number (EIN) <u>91-0978531</u>					
2c Sponsor's telephone number <u>253-569-1466</u>					
2d Business code (see instructions) <u>484120</u>					

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	08/20/2012	BRANDIS GEDDES
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FARWEST FREIGHT SYSTEMS INC ROBERT GEDDES/BRANDIS GEDDES P.O. BOX 439 KAPOWSIN, WA 98344		3b Administrator's EIN 91-0978531		
		3c Administrator's telephone number 253-569-1466		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN		
5 Total number of participants at the beginning of the plan year	5	104		
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).				
a Active participants.....	6a	3		
b Retired or separated participants receiving benefits.....	6b	0		
c Other retired or separated participants entitled to future benefits.....	6c	29		
d Subtotal. Add lines 6a , 6b , and 6c	6d	32		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0		
f Total. Add lines 6d and 6e	6f	32		
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	75		
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	72		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7			
8a 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:				
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor			
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary </td> <td style="width: 50%; vertical-align: top;"> b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) </td> </tr> </table>			a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)			

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan FARWEST FREIGHT SYSTEMS INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FARWEST FREIGHT SYSTEMS INC	D Employer Identification Number (EIN) 91-0978531

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes
 ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MERRILL LYNCH, PIERCE, FENNER	WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK, NY 10281
13-5674085	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
--

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
--

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
--	--	---

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan FARWEST FREIGHT SYSTEMS INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FARWEST FREIGHT SYSTEMS INC	D Employer Identification Number (EIN) 91-0978531	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	322599	77535
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	18280	0
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	430321	112443
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	771200	189978

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	771200	189978
---	-----------	--------	--------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	355	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		355
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6428	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6428
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1836
c Other income.....	2c		6428
d Total income. Add all income amounts in column (b) and enter total.....	2d		15047

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	682705	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		682705
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		682705

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-667658
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....
- c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)
- d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....
- e** Was this plan covered by a fidelity bond?.....
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
- h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....
- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....
- l** Has the plan failed to provide any benefit when due under the plan?
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....
- n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

	Yes	No	Amount
4a		X	
4b		X	
4c		X	
4d		X	
4e		X	
4f		X	
4g		X	
4h		X	
4i		X	
4j		X	
4k		X	
4l		X	
4m		X	
4n		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>FARWEST FREIGHT SYSTEMS INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FARWEST FREIGHT SYSTEMS INC</u>	D Employer Identification Number (EIN) <u>91-0978531</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>16-1470238</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC
=>PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2010/01/01	* * * CONTRIB	* * * EARNINGS	A C T I V I T Y PAYMENTS	* * * LOANS	* * * OTHER	END BAL 2010/12/31
LOAN FUND	LM1	61.22	.00	.00	61.22-W	.00	.00	.00
LOAN FUND	LM9	.00	.00	.00	.00	.00	.00	.00
LOAN FUND	LMA	15,128.71	.00	.00	379.89-T	.00	.00	.00
					14,748.82-W			
LOAN	LMB	.00	.00	.00	.00	.00	.00	.00
LOAN FUND	LMC	3,089.59	.00	.00	3,089.59-W	.00	.00	.00
LOAN FUND	LMF	.00	.00	.00	.00	.00	.00	.00
LOAN	LMI	.00	.00	.00	.00	.00	.00	.00
LOAN FUND	LMJ	.00	.00	.00	.00	.00	.00	.00
LOAN	LMR	.00	.00	.00	.00	.00	.00	.00
MRL US GOVT FUND	M01	.00	.00	.00	.00	.00	.00	.00
MRL US GOVT FUND	M09	.00	.00	.00	.00	.00	.00	.00
MRL US GOVT FUND	M0A	.00	.00	.00	.00	.00	.00	.00
BLKRR US GOVT C	M0B	.00	.00	.00	.00	.00	.00	.00
MRL US GOVT FUND	M0D	.00	.00	.00	.00	.00	.00	.00
MRL US GOVT FUND	M0F	.00	.00	.00	.00	.00	.00	.00
BLKRR US GOVT C	M0I	.00	.00	.00	.00	.00	.00	.00
MRL US GOVT FUND	M0J	.00	.00	.00	.00	.00	.00	.00
BLKRR US GOVT C	M0R	.00	.00	.00	.00	.00	.00	.00
EVERGRN CORE BOND	M11	118.20	.00	4.14	43.59-T	.00	78.75-X	.00
EVERGRN CORE BOND	M19	937.26	.00	45.01	.00	.00	982.27-X	.00
EVERGRN CORE BOND	M1A	5,543.22	.00	257.80	249.24-T	.00	5,551.78-X	.00
EVERGRN CORE BOND	M1B	.00	.00	.00	.00	.00	.00	.00
EVERGRN CORE BOND	M1D	1,721.89	.00	80.49	64.45-T	.00	1,737.93-X	.00
EVERGRN CORE BOND	M1F	.00	.00	.00	.00	.00	.00	.00
EVERGRN CORE BOND	M1I	.00	.00	.00	.00	.00	.00	.00
EVERGREEN CORE BO	M1J	.00	.00	.00	.00	.00	.00	.00
EVERGRN CORE BOND	M1R	.00	.00	.00	.00	.00	.00	.00
MFS TOTAL RETURN	M21	375.45	.00	14.39	289.88-T	.00	.00	99.96
MFS TOTAL RETURN	M29	2,386.08	.00	39.40	2,425.48-T	.00	.00	.00
MFS TOTAL RETURN	M2A	15,974.75	.00	388.49	14,187.39-T	.00	.00	2,175.85
MFS TOTAL RETURN	M2B	.00	.00	.00	.00	.00	.00	.00
MFS TOTAL RETURN	M2D	4,952.82	.00	133.48	4,224.41-T	.00	.00	861.89
MFS TOTAL RETURN	M2F	.00	.00	.00	.00	.00	.00	.00
MFS TOTAL RETURN	M2I	.00	.00	.00	.00	.00	.00	.00
MFS TOTAL RETURN	M2J	.00	.00	.00	.00	.00	.00	.00
MFS TOTAL RETURN	M2R	.00	.00	.00	.00	.00	.00	.00
BLRK CP APPR PORT	M31	187.76	.00	9.00	144.36-T	.00	.00	52.40
BLRK CP APPR PORT	M39	1,232.66	.00	22.12-	1,210.54-T	.00	.00	.00
BLRK CP APPR PORT	M3A	13,460.24	.00	404.05-	12,681.96-T	.00	.00	374.23
BLRK CP APPR PORT	M3B	.00	.00	.00	.00	.00	.00	.00
BLRK CP APPR PORT	M3D	3,617.67	.00	95.01-	3,390.33-T	.00	.00	132.33
BLRK CP APPR PORT	M3F	.00	.00	.00	.00	.00	.00	.00
BLRK CP APPR PORT	M3I	.00	.00	.00	.00	.00	.00	.00
BLRK CP APPR PORT	M3J	.00	.00	.00	.00	.00	.00	.00
BLRK CP APPR PORT	M3R	.00	.00	.00	.00	.00	.00	.00
DAVIS NY VENTR	M41	479.58	.00	8.88	264.63-T	.00	170.34-X	53.49

DAVIS NY VENTR	M49	2,691.23	.00	88.87-	2,602.36-T	.00	.00	.00
DAVIS NY VENTR	M4A	25,865.76	.00	237.02-	14,590.32-T	.00	10,058.71-X	979.71
DAVIS NY VENTURE	M4B	.00	.00	.00	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDR L-T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

PAGE 157 RPT-957 PARTICIPANT VALUATION SUMMARY AS OF 2010/12/31 219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2010/01/01	* * * * *	* * * * *	A C T I V I T Y	* * * * *	* * * * *	END BAL 2010/12/31
			CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	
DAVIS NY VENTR	M4D	6,466.79	.00	75.93-	4,352.42-T	.00	1,610.51-X	427.93
DAVIS NY VENTR	M4F	.00	.00	.00	.00	.00	.00	.00
DAVIS NY VENTURE	M4I	.00	.00	.00	.00	.00	.00	.00
DAVIS NY VENTURE	M4J	.00	.00	.00	.00	.00	.00	.00
DAVIS NY VENTURE	M4R	.00	.00	.00	.00	.00	.00	.00
RDY AST PRM MNY	M51	8,758.18	.00	.16	2,793.56-T	.00	512.89 X .02-C	6,477.65
RDY AST PRM MNY	M59	1.43	.00	.00	1.43-T	.00	.00	.00
RDY AST PRM MNY	M5A	181,080.45	.00	4.75	145,613.17-T	.00	30,789.44 X	66,261.47
RDY AST PRM MNY	M5B	.00	.00	.00	.00	.00	.00	.00
RDY AST PRM MNY	M5D	43,779.11	.00	1.36	29,662.34-T	.00	5,097.44 X .06-C	19,215.51
RDY AST PRM MNY	M5F	.00	.00	.00	.00	.00	.00	.00
RDY AST PRM MNY	M5I	.00	.00	.00	.00	.00	.00	.00
RDY AST PRM MNY	M5J	441.25	.00	.04	.00	.00	.00	441.29
RDY AST PRM MNY	M5R	.00	.00	.00	.00	.00	.00	.00
MRL LRG CAP CORE	M61	184.61	.00	9.23	148.64-T	.00	.00	45.20
MRL LRG CAP CORE	M69	.00	.00	.00	.00	.00	.00	.00
MRL LRG CAP CORE	M6A	2,117.61	.00	72.85	1,443.80-T	.00	.00	746.66
BLKRK LG CP CORE	M6B	.00	.00	.00	.00	.00	.00	.00
MRL LRG CAP CORE	M6D	707.83	.00	29.75	422.29-T	.00	.00	315.29
MRL LRG CAP CORE	M6F	.00	.00	.00	.00	.00	.00	.00
BLKRK LG CP CORE	M6I	.00	.00	.00	.00	.00	.00	.00
MRL LG CAP CORE	M6J	.00	.00	.00	.00	.00	.00	.00
BLKRK LG CP CORE	M6R	.00	.00	.00	.00	.00	.00	.00
MRL LRG CAP VAL	M71	115.19	.00	4.94	49.33-T	.00	21.28-X	49.52
MRL LRG CAP VAL	M79	600.17	.00	32.46-	567.71-T	.00	.00	.00
MRL LRG CAP VAL	M7A	8,198.53	.00	88.78	2,861.39-T	.00	3,244.97-X	2,180.95
BLKRK LG CP VAL C	M7B	.00	.00	.00	.00	.00	.00	.00
MRL LRG CAP VAL	M7D	2,271.65	.00	27.52	853.13-T	.00	724.42-X	721.62
MRL LRG CAP VAL	M7F	.00	.00	.00	.00	.00	.00	.00
BLKRK LG CP VAL C	M7I	.00	.00	.00	.00	.00	.00	.00
MRL LG CAP VAL	M7J	.00	.00	.00	.00	.00	.00	.00
BLKRK LG CP VAL C	M7R	.00	.00	.00	.00	.00	.00	.00
JPM DYN SM CAP	M81	51.67	.00	5.72	42.82-T	.00	.00	14.57
JPM DYN SM CAP	M89	588.51	.00	23.47	611.98-T	.00	.00	.00
JPM DYN SM CAP	M8A	8,599.79	.00	226.58	8,301.78-T	.00	.00	524.59
JPM DYN SM CAP C	M8B	.00	.00	.00	.00	.00	.00	.00
JPM DYN SM CAP	M8D	2,238.45	.00	85.82	2,097.83-T	.00	.00	226.44

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

		BEG BAL	* * * * *					A C T I V I T Y	* * * * *					END BAL
DESCRIPTION	ID	2010/01/01	CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	2010/12/31						
BLKRRK VALUE OPFS	MAB	.00	.00	.00	.00	.00	.00	.00						
MRL VALUE OPP	MAD	1,004.69	.00	32.46	971.52-T	.00	.00	65.63						
MRL VALUE OPP	MAF	.00	.00	.00	.00	.00	.00	.00						
BLKRRK VALUE OPFS	MAI	.00	.00	.00	.00	.00	.00	.00						
MRL VALUE OPP	MAJ	.00	.00	.00	.00	.00	.00	.00						
BLKRRK VALUE OPFS	MAR	.00	.00	.00	.00	.00	.00	.00						
MRL GLB ALLOC	MB1	4,452.53	.00	341.39	575.78-T	.00	179.15-X	4,038.99						
MRL GLB ALLOC	MB9	1,814.99	.00	5.42	1,820.41-T	.00		.00						
MRL GLB ALLOC	MBA	24,336.00	.00	378.11	11,152.16-T	.00	11,445.45-X	2,116.50						
BLKRRK GLBL ALLOC	MBB	.00	.00	.00	.00	.00	.00	.00						
MRL GLB ALLOC	MBD	5,894.70	.00	91.56	3,322.57-T	.00	1,953.48-X	710.21						
MRL GLB ALLOC	MBF	.00	.00	.00	.00	.00	.00	.00						
BLKRRK GLBL ALLOC	MBI	.00	.00	.00	.00	.00	.00	.00						
MRL GLB ALLOC	MBJ	.00	.00	.00	.00	.00	.00	.00						
BLKRRK GLBL ALLOC	MBR	.00	.00	.00	.00	.00	.00	.00						
MRL INTL VALUE	MC1	125.12	.00	1.79	76.30-T	.00	.00	50.61						
MRL INTL VALUE	MC9	1,155.50	.00	70.60-	1,084.90-T	.00	.00	.00						
MRL INTL VALUE	MCA	6,390.25	.00	325.37-	5,442.00-T	.00	.00	622.88						
BLKRRK INTL VAL C	MCB	.00	.00	.00	.00	.00	.00	.00						
MRL INTL VALUE	MCD	1,954.61	.00	95.41-	1,626.26-T	.00	.00	232.94						
MRL INTL VALUE	MCF	.00	.00	.00	.00	.00	.00	.00						
BLKRRK INTL VAL C	MCI	.00	.00	.00	.00	.00	.00	.00						
MRL INTL VALUE	MCJ	.00	.00	.00	.00	.00	.00	.00						
BLKRRK INTL VAL C	MCR	.00	.00	.00	.00	.00	.00	.00						
BLKRRK GOVT INC C1 MD1		267.16	.00	10.37	24.82-T	.00	142.12-X	110.59						
BLKRRK GOVT INC C1 MD9		.00	.00	.00	.00	.00	.00	.00						
BLKRRK GOVT INC C1 MDA		12,546.78	.00	469.32	6,262.32-T	.00	6,040.31-X	713.47						
BLKRRK GOVT INC C1 MDB		.00	.00	.00	.00	.00	.00	.00						
BLKRRK GOVT INC C1 MDC		.00	.00	.00	.00	.00	.00	.00						
BLKRRK GOVT INC C1 MDD		2,349.02	.00	105.11	1,405.88-T	.00	809.03-X	239.22						
BLKRRK GOVT INC C1 MDF		.00	.00	.00	.00	.00	.00	.00						
BLKRRK GOVT INC C1 MDI		.00	.00	.00	.00	.00	.00	.00						

BLKRRK GOVT INC C1 MDJ	.00	.00	.00	.00	.00	.00	.00	.00
BLKRRK GOVT INC C1 MDR	.00	.00	.00	.00	.00	.00	.00	.00
WF AD TOT RET BND ME1	.00	.00	1.17	27.49-T	.00	78.75 X	52.43	
WF AD TOT RET BND ME9	.00	.00	20.59	1,002.86-T	.00	982.27 X	.00	
WF AD TOT RET BND MEA	.00	.00	110.29	5,016.15-T	.00	5,551.78 X	645.92	
WF AD TOT RET BND MEB	.00	.00	.00	.00	.00	.00	.00	
WF AD TOT RET BND MEC	.00	.00	.00	.00	.00	.00	.00	
WF AD TOT RET BND MED	.00	.00	33.94	1,502.32-T	.00	1,737.93 X	269.55	
WF AD TOT RET BND MEF	.00	.00	.00	.00	.00	.00	.00	
WF AD TOT RET BND MEI	.00	.00	.00	.00	.00	.00	.00	
WF AD TOT RET BND MEJ	.00	.00	.00	.00	.00	.00	.00	
WF AD TOT RET BND MER	.00	.00	.00	.00	.00	.00	.00	
BLK INT GV BD PT MF1	.00	.00	.00	.00	.00	.00	.00	
BLK INT GV BD PT MF9	.00	.00	.00	.00	.00	.00	.00	
BLK INT GV BD PT MFA	.00	.00	.00	.00	.00	.00	.00	
BLK INT GV BD PT MFB	.00	.00	.00	.00	.00	.00	.00	
BLK INT GV BD PT MFC	.00	.00	.00	.00	.00	.00	.00	

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

PAGE 159 RPT-957 PARTICIPANT VALUATION SUMMARY AS OF 2010/12/31 219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2010/01/01	* * * * * CONTRIB	* * * * * EARNINGS	A C T I V I T Y PAYMENTS	* * * * * LOANS	* * * * * OTHER	END BAL 2010/12/31
BLK INT GV BD PT MFD		.00	.00	.00	.00	.00	.00	.00
BLK INT GV BD PT MFF		.00	.00	.00	.00	.00	.00	.00
BLK INT GV BD PT MFI		.00	.00	.00	.00	.00	.00	.00
BLK INT GV BD PT MFJ		.00	.00	.00	.00	.00	.00	.00
BLK INT GV BD PT MFR		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MG1		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MG9		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGA		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGB		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGC		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGD		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGE		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGI		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGJ		.00	.00	.00	.00	.00	.00	.00
BLKRRK INTL C MGR		.00	.00	.00	.00	.00	.00	.00
** TOTAL		430,321.10	.00	1,836.31	301,814.84-T 17,899.63-W	.00	44,750.50 X 44,750.50-X .08-C	112,442.86
***** INVESTMENTS								
LOAN	LM*	18,279.52	.00	.00	379.89-T 17,899.63-W	.00	.00	.00
MRL US GOVT	M0*	.00	.00	.00	.00	.00	.00	.00
EVGRN CORE	M1*	8,320.57	.00	387.44	357.28-T	.00	8,350.73-X	.00
MFS TOTAL RE	M2*	23,689.10	.00	575.76	21,127.16-T	.00	.00	3,137.70
MRL FUND GRW	M3*	18,498.33	.00	512.18-	17,427.19-T	.00	.00	558.96

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

		BEG BAL	* * * * *				A C T I V I T Y	* * * * *				END BAL
DESCRIPTION	ID	2010/01/01	CONTRIB	EARNINGS		PAYMENTS	LOANS	OTHER		2010/12/31		
***** SOURCES												
EMPLOYER MATCH	**D	80,048.82	.00	355.14		53,895.75-T 3,089.59-W	.00	6,835.37 X 6,835.37-X .06-C		23,418.56		
PROFIT SHARING	**F	.00	.00	.00		.00	.00			.00		
ROTH CATCH-UP	**I	.00	.00	.00		.00	.00			.00		
EMPLOYEE CATCHUP	**J	441.25	.00	.04		.00	.00			441.29		
ROTH ROLLOVER	**R	.00	.00	.00		.00	.00			.00		

		BEG BAL	* * * * *		UNIT/SHARE	* * * * *				END BAL		
DESCRIPTION		2010/01/01	PURCHASED		SOLD	RESERVED	DISTRIBUTED	FORFEITED		2010/12/31		
MRL US GOVT FUND M01		.0000	.0000		.0000	.0000	.0000	.0000		.0000		
MRL US GOVT FUND M09		.0000	.0000		.0000	.0000	.0000	.0000		.0000		
MRL US GOVT FUND M0A		.0000	.0000		.0000	.0000	.0000	.0000		.0000		
BLKRR US GOVT C M0B		.0000	.0000		.0000	.0000	.0000	.0000		.0000		
MRL US GOVT FUND M0D		.0000	.0000		.0000	.0000	.0000	.0000		.0000		
MRL US GOVT FUND M0F		.0000	.0000		.0000	.0000	.0000	.0000		.0000		
BLKRR US GOVT C M0I		.0000	.0000		.0000	.0000	.0000	.0000		.0000		

[illegible]

RDY AST PRM MNY M5D	43,779.1100	5,098.8000	29,662.4000	.0000	.0000	.0000	19,215.5100
RDY AST PRM MNY M5F	.0000	.0000	.0000	.0000	.0000	.0000	.0000
RDY AST PRM MNY M5I	.0000	.0000	.0000	.0000	.0000	.0000	.0000
RDY AST PRM MNY M5J	441.2500	.0400	.0000	.0000	.0000	.0000	441.2900
RDY AST PRM MNY M5R	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL LRG CAP CORE M6I	20.1522	.0000	15.6729	.0000	.0000	.0000	4.4793
MRL LRG CAP CORE M6J	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL LRG CAP CORE M6A	231.1811	.0020-	157.1793	.0000	.0000	.0000	73.9998
BLKRK LG CP CORE M6B	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL LRG CAP CORE M6D	77.2746	.0010-	46.0270	.0000	.0000	.0000	31.2466
MRL LRG CAP CORE M6F	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRK LG CP CORE M6I	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL LG CAP CORE M6J	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRK LG CP CORE M6R	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL LRG CAP VAL M7I	9.1647	.0000	5.5628	.0000	.0000	.0000	3.6019
MRL LRG CAP VAL M7J	47.7466	.0000	47.7466	.0000	.0000	.0000	.0000
MRL LRG CAP VAL M7A	652.2299	.0008-	493.6150	.0000	.0000	.0000	158.6141
BLKRK LG CP VAL M7B	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL LRG CAP VAL M7D	180.7203	.0000	128.2383	.0000	.0000	.0000	52.4820
MRL LRG CAP VAL M7F	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRK LG CP VAL M7I	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL LG CAP VAL M7J	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRK LG CP VAL M7R	.0000	.0000	.0000	.0000	.0000	.0000	.0000
JPM DYN SM CAP M8I	4.1212	.0000	3.2436	.0000	.0000	.0000	.8776
JPM DYN SM CAP M8J	46.9308	.0000	46.9308	.0000	.0000	.0000	.0000
JPM DYN SM CAP M8A	685.7862	.0000	654.2037	.0000	.0000	.0000	31.5825
JPM DYN SM CAP C M8B	.0000	.0000	.0000	.0000	.0000	.0000	.0000
JPM DYN SM CAP M8D	178.5046	.0000	164.8713	.0000	.0000	.0000	13.6333
JPM DYN SM CAP M8F	.0000	.0000	.0000	.0000	.0000	.0000	.0000
JPM DYN SM CAP C M8I	.0000	.0000	.0000	.0000	.0000	.0000	.0000
JPM DYN SMALL CA M8J	.0000	.0000	.0000	.0000	.0000	.0000	.0000
JPM DYN SM CAP C M8R	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL VALUE OPP MAI	4.2026	.0023-	4.0553	.0000	.0000	.0000	.1450
MRL SM CAP VAL MA9	49.6650	.0814-	49.5836	.0000	.0000	.0000	.0000
MRL VALUE OPP MAA	279.0044	.4268-	265.9279	.0000	.0000	.0000	12.6497
BLKRK VALUE OPPS MAB	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL VALUE OPP MAD	83.5152	.1289-	79.0882	.0000	.0000	.0000	4.2981
MRL VALUE OPP MAE	.0000	.0000	.0000	.0000	.0000	.0000	.0000

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE

Y-PLAN XFER

PAGE 162 RPT-957

PARTICIPANT VALUATION SUMMARY

AS OF 2010/12/31

219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	BEG BAL 2010/01/01	* * * * *	UNIT/SHARE	* * * * *				END BAL 2010/12/31
		PURCHASED	SOLD	RESERVED	DISTRIBUTED	FORFEITED		
BLKRK VALUE OPPS MAI	.0000	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL VALUE OPP MAJ	.0000	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRK VALUE OPPS MAR	.0000	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL GLB ALLOC MB1	265.9815	1.3031	44.6280	.0000	.0000	.0000	.0000	222.6566

MRL GLB ALLOC	MB9	108.4222	.0000	108.4222	.0000	.0000	.0000	.0000
MRL GLB ALLOC	MBA	1,453.7640	.6834	1,337.7715	.0000	.0000	.0000	116.6759
BLKRR GLBL ALLOC	MBB	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL GLB ALLOC	MBD	352.1345	.2291	313.2119	.0000	.0000	.0000	39.1517
MRL GLB ALLOC	MBF	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GLBL ALLOC	MBI	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL GLB ALLOC	MBJ	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GLBL ALLOC	MBR	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL INTL VALUE	MC1	6.3709	.0000	3.9083	.0000	.0000	.0000	2.4626
MRL INTL VALUE	MC9	58.8339	.0000	58.8339	.0000	.0000	.0000	.0000
MRL INTL VALUE	MCA	325.3693	.0000	295.0586	.0000	.0000	.0000	30.3107
BLKRR INTL VAL C	MCB	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL INTL VALUE	MCD	99.5226	.0000	88.1874	.0000	.0000	.0000	11.3352
MRL INTL VALUE	MCF	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR INTL VAL C	MCI	.0000	.0000	.0000	.0000	.0000	.0000	.0000
MRL INTL VALUE	MCJ	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR INTL VAL C	MCR	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GOVT INC C	MD1	25.9366	.3407	16.0284	.0000	.0000	.0000	10.2489
BLKRR GOVT INC C	MD9	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GOVT INC C	MDA	1,218.1316	11.3547	1,163.3628	.0000	.0000	.0000	66.1235
BLKRR GOVT INC C	MDB	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GOVT INC C	MDC	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GOVT INC C	MDD	228.0600	2.7326	208.6217	.0000	.0000	.0000	22.1709
BLKRR GOVT INC C	MDF	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GOVT INC C	MDI	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GOVT INC C	MDJ	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRR GOVT INC C	MDR	.0000	.0000	.0000	.0000	.0000	.0000	.0000
WF AD TOT RET BN	ME1	.0000	6.2319	2.0840	.0000	.0000	.0000	4.1479
WF AD TOT RET BN	ME9	.0000	76.0316	76.0316	.0000	.0000	.0000	.0000
WF AD TOT RET BN	MEA	.0000	431.4011	380.2997	.0000	.0000	.0000	51.1014
WF AD TOT RET BN	MEB	.0000	.0000	.0000	.0000	.0000	.0000	.0000
WF AD TOT RET BN	MEC	.0000	.0000	.0000	.0000	.0000	.0000	.0000
WF AD TOT RET BN	MED	.0000	135.2228	113.8984	.0000	.0000	.0000	21.3244
WF AD TOT RET BN	MEF	.0000	.0000	.0000	.0000	.0000	.0000	.0000
WF AD TOT RET BN	MEI	.0000	.0000	.0000	.0000	.0000	.0000	.0000
WF AD TOT RET BN	MEJ	.0000	.0000	.0000	.0000	.0000	.0000	.0000
WF AD TOT RET BN	MER	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MF1	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MF9	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MFA	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MFB	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MFC	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MFD	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MFF	.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT	MFI	.0000	.0000	.0000	.0000	.0000	.0000	.0000

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

PAGE 163 RPT-957

PARTICIPANT VALUATION SUMMARY

AS OF 2010/12/31

219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION		BEG BAL 2010/01/01	***** PURCHASED	UNIT/SHARE SOLD	***** RESERVED	DISTRIBUTED	FORFEITED	END BAL 2010/12/31
BLK INT GV BD PT MFJ		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLK INT GV BD PT MFR		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MG1		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MG9		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGA		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGB		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGC		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGD		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGF		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGI		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGJ		.0000	.0000	.0000	.0000	.0000	.0000	.0000
BLKRRK INTL C MGR		.0000	.0000	.0000	.0000	.0000	.0000	.0000
***** TOTAL								
MRL US GOVT M0*		.0000	.0000	.0000	.0000	.0000	.0000	.0000
EVGRN CORE M1*		1,064.0087	13.7493	1,077.7580	.0000	.0000	.0000	.0000
MFS TOTAL RE M2*		1,795.9892	20.3239	1,594.8818	.0000	.0000	.0000	221.4313
MRL FUND GRW M3*		1,071.1235	.0000	1,043.7506	.0000	.0000	.0000	27.3729
DAVIS NY VEN M4*		1,184.2350	.1904	1,140.4289	.0000	.0000	.0000	43.9965
MRL RDY ASSE M5*		234,060.4200	36,406.0800	178,070.5800	.0000	.0000	.0000	92,395.9200
MRL LRG CAP M6*		328.6079	.0030-	218.8792	.0000	.0000	.0000	109.7257
MRL LRG CAP M7*		889.8615	.0008-	675.1627	.0000	.0000	.0000	214.6980
JPM DYN SM C M8*		915.3428	.0000	869.2494	.0000	.0000	.0000	46.0934
MRL VALUE OP MA*		416.3872	.6394-	398.6550	.0000	.0000	.0000	17.0928
MRL GLB ALLO MB*		2,180.3022	2.2156	1,804.0336	.0000	.0000	.0000	378.4842
MRL INTL VAL MC*		490.0967	.0000	445.9882	.0000	.0000	.0000	44.1085
BGIEX MD*		1,472.1282	14.4280	1,388.0129	.0000	.0000	.0000	98.5433
MBFCX ME*		.0000	648.8874	572.3137	.0000	.0000	.0000	76.5737
BIGHX MF*		.0000	.0000	.0000	.0000	.0000	.0000	.0000
MCILX MG*		.0000	.0000	.0000	.0000	.0000	.0000	.0000

DESCRIPTION		COST	***** UNIV	COST/UNIV/RESERVED/PENDED CASH RESERVED	***** PEND CREDIT	***** PEND DEBIT
MRL US GOVT FUND M01		.00	.00	.00	.00	.00
MRL US GOVT FUND M09		.00	.00	.00	.00	.00
MRL US GOVT FUND M0A		.00	.00	.00	.00	.00
BLKRRK US GOVT C M0B		.00	.00	.00	.00	.00
MRL US GOVT FUND M0D		.00	.00	.00	.00	.00
MRL US GOVT FUND M0F		.00	.00	.00	.00	.00
BLKRRK US GOVT C M0I		.00	.00	.00	.00	.00
MRL US GOVT FUND M0J		.00	.00	.00	.00	.00
BLKRRK US GOVT C M0R		.00	.00	.00	.00	.00
EVGRN CORE BOND M11		.00	.00	.00	.00	.00
EVGRN CORE BOND M19		.00	.00	.00	.00	.00
EVGRN CORE BOND M1A		.00	.00	.00	.00	.00
EVGRN CORE BOND M1B		.00	.00	.00	.00	.00
EVGRN CORE BOND M1D		.00	.00	.00	.00	.00
EVGRN CORE BOND M1F		.00	.00	.00	.00	.00
EVGRN CORE BOND M1I		.00	.00	.00	.00	.00
EVERGREEN CORE BO M1J		.00	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER
PAGE 164 RPT-957 PARTICIPANT VALUATION SUMMARY AS OF 2010/12/31 219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	COST	UNIV	RESERVED	PEND CREDIT	PEND DEBIT
EVGRN CORE BOND M1R	.00	.00	.00	.00	.00
MFS TOTAL RETURN M21	102.97	.00	.00	.00	.00
MFS TOTAL RETURN M29	.00	.00	.00	.00	.00
MFS TOTAL RETURN M2A	2,384.92	.00	.00	.00	.00
MFS TOTAL RETURN M2B	.00	.00	.00	.00	.00
MFS TOTAL RETURN M2D	940.52	.00	.00	.00	.00
MFS TOTAL RETURN M2F	.00	.00	.00	.00	.00
MFS TOTAL RETURN M2I	.00	.00	.00	.00	.00
MFS TOTAL RETURN M2J	.00	.00	.00	.00	.00
MFS TOTAL RETURN M2R	.00	.00	.00	.00	.00
BLRK CP APPR PORT M31	40.18	.00	.00	.00	.00
BLRK CP APPR PORT M39	.00	.00	.00	.00	.00
BLRK CP APPR PORT M3A	284.51	.00	.00	.00	.00
BLRK CP APPR PORT M3B	.00	.00	.00	.00	.00
BLRK CP APPR PORT M3D	106.25	.00	.00	.00	.00
BLRK CP APPR PORT M3F	.00	.00	.00	.00	.00
BLRK CP APPR PORT M3I	.00	.00	.00	.00	.00
BLRK CP APPR PORT M3J	.00	.00	.00	.00	.00
BLRK CP APPR PORT M3R	.00	.00	.00	.00	.00
DAVIS NY VENTR M41	53.08	.00	.00	.00	.00
DAVIS NY VENTR M49	.00	.00	.00	.00	.00
DAVIS NY VENTR M4A	933.71	.00	.00	.00	.00
DAVIS NY VENTURE M4B	.00	.00	.00	.00	.00
DAVIS NY VENTR M4D	410.28	.00	.00	.00	.00
DAVIS NY VENTR M4F	.00	.00	.00	.00	.00
DAVIS NY VENTURE M4I	.00	.00	.00	.00	.00
DAVIS NY VENTURE M4J	.00	.00	.00	.00	.00
DAVIS NY VENTURE M4R	.00	.00	.00	.00	.00
RDY AST PRM MNY M51	6,477.65	.00	.00	.00	.00
RDY AST PRM MNY M59	.00	.00	.00	.00	.00
RDY AST PRM MNY M5A	66,261.47	.00	.00	.00	.00
RDY AST PRM MNY M5B	.00	.00	.00	.00	.00
RDY AST PRM MNY M5D	19,215.51	.00	.00	.00	.00
RDY AST PRM MNY M5F	.00	.00	.00	.00	.00
RDY AST PRM MNY M5I	.00	.00	.00	.00	.00
RDY AST PRM MNY M5J	441.29	.00	.00	.00	.00
RDY AST PRM MNY M5R	.00	.00	.00	.00	.00
MRL LRG CAP CORE M61	49.54	.00	.00	.00	.00
MRL LRG CAP CORE M69	.00	.00	.00	.00	.00
MRL LRG CAP CORE M6A	932.66	.00	.00	.00	.00
BLKRK LG CP CORE M6B	.00	.00	.00	.00	.00
MRL LRG CAP CORE M6D	396.70	.00	.00	.00	.00

MRL LRG CAP CORE	M6F	.00	.00	.00	.00	.00
BLKRR LG CP CORE	M6I	.00	.00	.00	.00	.00
MRL LG CAP CORE	M6J	.00	.00	.00	.00	.00
BLKRR LG CP CORE	M6R	.00	.00	.00	.00	.00
MRL LRG CAP VAL	M7I	54.50	.00	.00	.00	.00
MRL LRG CAP VAL	M79	.00	.00	.00	.00	.00
MRL LRG CAP VAL	M7A	2,560.96	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

PAGE 165 RPT-957 PARTICIPANT VALUATION SUMMARY AS OF 2010/12/31 219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	COST	UNIV	RESERVED	PEND CREDIT	PEND DEBIT
BLKRR LG CP VAL C M7B	.00	.00	.00	.00	.00
MRL LRG CAP VAL M7D	851.15	.00	.00	.00	.00
MRL LRG CAP VAL M7F	.00	.00	.00	.00	.00
BLKRR LG CP VAL C M7I	.00	.00	.00	.00	.00
MRL LG CAP VAL M7J	.00	.00	.00	.00	.00
BLKRR LG CP VAL C M7R	.00	.00	.00	.00	.00
JPM DYN SM CAP M8I	16.07	.00	.00	.00	.00
JPM DYN SM CAP M89	.00	.00	.00	.00	.00
JPM DYN SM CAP M8A	547.38	.00	.00	.00	.00
JPM DYN SM CAP C M8B	.00	.00	.00	.00	.00
JPM DYN SM CAP M8D	236.98	.00	.00	.00	.00
JPM DYN SM CAP M8F	.00	.00	.00	.00	.00
JPM DYN SM CAP C M8I	.00	.00	.00	.00	.00
JPM DYN SMALL CAP M8J	.00	.00	.00	.00	.00
JPM DYN SM CAP C M8R	.00	.00	.00	.00	.00
MRL VALUE OPP MAI	3.06	.00	.00	.00	.00
MRL SM CAP VAL MA9	.00	.00	.00	.00	.00
MRL VALUE OPP MAA	258.05	.00	.00	.00	.00
BLKRR VALUE OPFS MAB	.00	.00	.00	.00	.00
MRL VALUE OPP MAD	84.29	.00	.00	.00	.00
MRL VALUE OPP MAF	.00	.00	.00	.00	.00
BLKRR VALUE OPFS MAI	.00	.00	.00	.00	.00
MRL VALUE OPP MAJ	.00	.00	.00	.00	.00
BLKRR VALUE OPFS MAR	.00	.00	.00	.00	.00
MRL GLB ALLOC MB1	3,749.13	.00	.00	.00	.00
MRL GLB ALLOC MB9	.00	.00	.00	.00	.00
MRL GLB ALLOC MBA	1,900.86	.00	.00	.00	.00
BLKRR GLBL ALLOC MBB	.00	.00	.00	.00	.00
MRL GLB ALLOC MBD	639.71	.00	.00	.00	.00
MRL GLB ALLOC MBF	.00	.00	.00	.00	.00
BLKRR GLBL ALLOC MBI	.00	.00	.00	.00	.00
MRL GLB ALLOC MBJ	.00	.00	.00	.00	.00
BLKRR GLBL ALLOC MBR	.00	.00	.00	.00	.00
MRL INTL VALUE MC1	51.55	.00	.00	.00	.00
MRL INTL VALUE MC9	.00	.00	.00	.00	.00

MRL INTL VALUE	MCA	707.81	.00	.00	.00	.00
BLKRR INTL VAL C	MCB	.00	.00	.00	.00	.00
MRL INTL VALUE	MCD	277.85	.00	.00	.00	.00
MRL INTL VALUE	MCF	.00	.00	.00	.00	.00
BLKRR INTL VAL C	MCI	.00	.00	.00	.00	.00
MRL INTL VALUE	MCJ	.00	.00	.00	.00	.00
BLKRR INTL VAL C	MCR	.00	.00	.00	.00	.00
BLKRR GOVT INC C1 MD1		105.92	.00	.00	.00	.00
BLKRR GOVT INC C1 MD9		.00	.00	.00	.00	.00
BLKRR GOVT INC C1 MDA		693.58	.00	.00	.00	.00
BLKRR GOVT INC C1 MDB		.00	.00	.00	.00	.00
BLKRR GOVT INC C1 MDC		.00	.00	.00	.00	.00
BLKRR GOVT INC C1 MDD		233.25	.00	.00	.00	.00
BLKRR GOVT INC C1 MDF		.00	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

PAGE 166 RPT-957

PARTICIPANT VALUATION SUMMARY

AS OF 2010/12/31

219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	COST	UNIV	RESERVED	PEND CREDIT	PEND DEBIT
BLKRR GOVT INC C1 MDI	.00	.00	.00	.00	.00
BLKRR GOVT INC C1 MDJ	.00	.00	.00	.00	.00
BLKRR GOVT INC C1 MDR	.00	.00	.00	.00	.00
WF AD TOT RET BND ME1	53.66	.00	.00	.00	.00
WF AD TOT RET BND ME9	.00	.00	.00	.00	.00
WF AD TOT RET BND MEA	661.14	.00	.00	.00	.00
WF AD TOT RET BND MEB	.00	.00	.00	.00	.00
WF AD TOT RET BND MEC	.00	.00	.00	.00	.00
WF AD TOT RET BND MED	275.89	.00	.00	.00	.00
WF AD TOT RET BND MEF	.00	.00	.00	.00	.00
WF AD TOT RET BND MEI	.00	.00	.00	.00	.00
WF AD TOT RET BND MEJ	.00	.00	.00	.00	.00
WF AD TOT RET BND MER	.00	.00	.00	.00	.00
BLK INT GV BD PT MF1	.00	.00	.00	.00	.00
BLK INT GV BD PT MF9	.00	.00	.00	.00	.00
BLK INT GV BD PT MFA	.00	.00	.00	.00	.00
BLK INT GV BD PT MFB	.00	.00	.00	.00	.00
BLK INT GV BD PT MFC	.00	.00	.00	.00	.00
BLK INT GV BD PT MFD	.00	.00	.00	.00	.00
BLK INT GV BD PT MFF	.00	.00	.00	.00	.00
BLK INT GV BD PT MFI	.00	.00	.00	.00	.00
BLK INT GV BD PT MFJ	.00	.00	.00	.00	.00
BLK INT GV BD PT MFR	.00	.00	.00	.00	.00
BLKRR INTL C MG1	.00	.00	.00	.00	.00
BLKRR INTL C MG9	.00	.00	.00	.00	.00
BLKRR INTL C MGA	.00	.00	.00	.00	.00
BLKRR INTL C MGB	.00	.00	.00	.00	.00
BLKRR INTL C MGC	.00	.00	.00	.00	.00

BLKRR INTL C	MGD	.00	.00	.00	.00	.00
BLKRR INTL C	MGF	.00	.00	.00	.00	.00
BLKRR INTL C	MGJ	.00	.00	.00	.00	.00
BLKRR INTL C	MGK	.00	.00	.00	.00	.00
BLKRR INTL C	MGR	.00	.00	.00	.00	.00
***** TOTAL						
MRL US GOVT FUND	M0*	.00	.00	.00	.00	.00
EVGRN CORE BOND	M1*	.00	.00	.00	.00	.00
MFS TOTAL RETURN	M2*	3,428.41	.00	.00	.00	.00
BLRK CP APPR PORT	M3*	430.94	.00	.00	.00	.00
DAVIS NY VENTR	M4*	1,397.07	.00	.00	.00	.00
RDY AST PRM MNY	M5*	92,395.92	.00	.00	.00	.00
MRL LRG CAP CORE	M6*	1,378.90	.00	.00	.00	.00
MRL LRG CAP VAL	M7*	3,466.61	.00	.00	.00	.00
JPM DYN SM CAP	M8*	800.43	.00	.00	.00	.00
MRL VALUE OPP	MA*	345.40	.00	.00	.00	.00
MRL GLB ALLOC	MB*	6,289.70	.00	.00	.00	.00
MRL INTL VALUE	MC*	1,037.21	.00	.00	.00	.00
BLKRR GOVT INC C1	MD*	1,032.75	.00	.00	.00	.00
WF AD TOT RET BND	ME*	990.69	.00	.00	.00	.00
BLK INT GV BD PT	MF*	.00	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

PAGE 167 RPT-957

PARTICIPANT VALUATION SUMMARY

AS OF 2010/12/31

219E 16:38

PLAN 1-25410 FARWEST FREIGHT SYSTEMS INC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION		COST	UNIV	RESERVED	PEND CREDIT	PEND DEBIT
BLKRR INTL C	MG*	.00	.00	.00	.00	.00

PLAN PARTICIPANT COUNTS:

ACTIVE, FULLY VESTED:	3	SEPARATED, RECEIVING BENEFITS:	0	TERMINATED, AWAITING FORFEITURE:	0
ACTIVE, PARTIALLY VESTED:	0	SEPARATED, ENTITLED TO FUTURE BENEFITS:	29	DECEASED WITH BENEFICIARIES:	0
ACTIVE, NON VESTED:	72	TOTAL SEPARATED WITH BENEFITS:	29	ELIGIBLE, NOT PARTICIPATING:	0
TOTAL ACTIVE PARTICIPANTS:	75			OTHERS ON FILE:	285
TOTAL:	389				

8-15-2012

To Whom it May Concern -

This is in addition to the attached correspondence re the 5500 forms.

I am working my way through the filings and am waiting for the achieved 5500 report from Paychex to be sent to me via email to complete the 2010 and 2011 filings.

I would like your department and the appropriate DOL department to know that this is not being ignored - but, that we are doing our best to get you the reports that are required.

I hope to have something to you by the end of next week.

I will also file a copy of these letters with each filing.

Thank you for your time and consideration.

Sincerely,

Brandis Geddes



8-7-2012

This is an attachment for the 2010 and 2011 5500 Efast filings for Farwest Freight Systems Inc.,.

This Company ceased operations on 9/1/2009. From that point forward there has been an ongoing notification and arduous process of trying to end/terminate this 401k plan.

Farwest Freight Systems Inc., was a family owned business that my Husband, Robert A. Geddes, purchased from his father, Robert L. Geddes. All in all the Company operated for @ 57 years.

During the last 3 years of operations, the economy and the industry were extremely difficult and resulted in a financially strained situation for Farwest Freight Systems.

I, Brandis Geddes, went to work for Farwest Freight Systems in October of 2006. Having no accounting background, but, common sense, and customer service skills - I worked on payment plans, accounts payable, and served on the Board as Secretary.

In late 2008, our CFO approached me and asked me to sign a document to become the "Administrator of the 401K". She advised me that since we had a payroll company, Paychex, they would do all reporting. It was just a slot that needed to be filled "name only" type of position. She left the Company towards the end of 2008 / early 2009 and I am certain was much relieved to be removed of that responsibility. My Husband and I relied very heavily on our CFO and Various Advisors to fill in any "detail" gaps that were not our areas of expertise.

In 2009 it became apparent that the Company's financial straits would not be improving and my Husband had multiple offers to sell the Company. Our Business Advisor at the time, Rory O Flaughtery, steered us very heavily in one direction.

In hindsight, this was a calculated and strategic move on his part and the part of Robert Denny to ruin the good name and reputation of Farwest Freight Systems Inc., They are unscrupulous individuals, Rory is a convicted felon, who misrepresented themselves, their intentions, and hurt many people that we cared a lot about. They have been party to civil lawsuits and are currently under investigation by the Dept of Homeland Security. Needless to say - not the end result or retirement that we were thinking of eventually having.

Farwest Freight Systems Inc., ceased 401k services and operations on 8/31/09.

Notices were mailed out or handed out to all employees, past and present who had funds in the plan that action would need to be taken re: their funds.

In my mind - the Retirement Plan - 401K / Paychex / Farwest Freight Systems Inc was done, finished, over - people were notified and it was their responsibility to do what they needed to do with their funds. I had never had control of their Retirement Funds, I never invested them, never touched them - so my job was done when we quit our services with Paychex.

My mind was apparently wrong. Some months later I rec'd a call from a DOL representative, Tonya Hanson, who advised my Husband and I that there were "fiduciary duties" and that we were responsible for making sure that the plan became terminated completely and devoid of participants. WOW! This was news. Tonya was extremely helpful over the next 10 months as we worked at contacting and getting less than pleased ex employees of Farwest Freight Systems to cooperate with the notification requirements.

This June we finished up with the notifications and sent escheat notices and also letters to the IRS to help track down missing participants.

The Department of Labor finished their inquiry (which I have included for your review) and basically did not impose any penalties as they noted that we made efforts to make things right and encouraged us to review "fiduciary requirements" if we ever find ourselves in this position again. (FYI -As God is My Witness, I will never - NEVER sign anything to do with a 401K plan again.)

In August of 2009 My Husband and I filed personal Bankruptcy. I did not find Employment until October of 2010 and am currently making minimum wage as a base salary with a commission schedule selling insurance. Not exactly lucrative. My Husband is on disability. We have lost our home to foreclosure. We cashed out my Husband's 401K to live on, and as a result owe taxes on that we will be on a payment plan on until who knows when.

The point of the brief snapshot of our financial picture is to show that we:

1. Do not have the funds at our disposal to pay \$750 for each for Paychex to prepare them for us.
2. Do not have funds for a CPA to help prepare the forms for us
3. Have no way to pay penalties of any kind for late filing on these reports

Please consider that the Company is not/has not been operating since August 2009.

We have been working with the Department of Labor to resolve this plan and comply to the best of our ability - recognizing that we are not experts trained in this field or equipped with prior knowledge of fiduciary duties or responsibilities.

I am hoping to make arrangements with the EFAST people to go through the form with them and fill out the form with the information provided by

Paychex - ASAP.

Upon receiving notice from the IRS to respond by 8/23/12, I have been constantly in contact and trying to get this resolved and the forms submitted.

In addition to filing the 2010 5500 late, upon calling the Efast phone number for information, the message advised that the 2011 5500 form needed to be filed by 7-31-12 or there would be penalties. I had no idea.

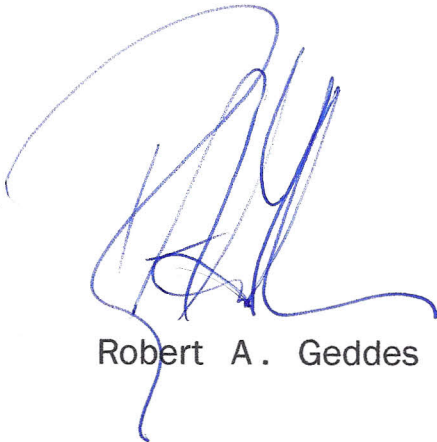
All I really want to do is file a final report.

My Husband and I thank you very much for your consideration of the aforementioned extenuating circumstances and our prayer for relief.

We sincerely look forward to your response,

A handwritten signature in blue ink, appearing to be 'Brandis Geddes', with a large, sweeping initial 'B' and a horizontal line extending to the right.

Brandis Geddes

A handwritten signature in blue ink, appearing to be 'Robert A. Geddes', with a large, sweeping initial 'R' and a horizontal line extending to the right.

Robert A . Geddes

U.S. Department of Labor

Employee Benefits Security Administration
Seattle District Office
300 Fifth Avenue, Suite 1110
Seattle, WA 98104



Reply to the Attention of: 71-010118
Tonya Hanson, Investigator
(206) 757-6637

June 14, 2012

Farwest Freight Systems, Inc., Plan Administrator
Robert Geddes, former Company President
Brandis Geddes, Trustee
P.O. Box 439
Kapowsin, WA 98344

Re: Farwest Freight Systems, Inc. 401(k) Profit Sharing Plan & Trust
EIN/PN: 91-0978531/001

Dear Plan Fiduciaries:

The U.S. Department of Labor (the Department) has responsibility for the administration and enforcement of Title I of the Employee Retirement Income Security Act of 1974 ("ERISA"). Title I establishes standards governing the operation of employee benefit plans such as Farwest Freight Systems, Inc. 401(k) Profit Sharing Plan and Trust ("Plan").

This office has concluded its investigation of the Plan and of the activities of Farwest Freight Systems, Inc. ("Company") and you as Plan fiduciaries. Based on the facts gathered during the investigation, it appears that as fiduciaries, you and the Company may have violated several provisions of ERISA. The purpose of this letter is to advise you of our findings and acknowledge your corrective actions.

As we understand the facts, the Company terminated the Plan effective August 31, 2009, and ceased business altogether in or around December 29, 2009. You, Robert Geddes, were the former Company President and Director. According to Plan Documents, the Company was the Plan Administrator with the discretion to interpret and apply the Plan's provisions. You, Robert Geddes, acted on behalf of the Company in its role as Plan Administrator. Brandis Geddes is the Plan's Directed Trustee with control over the Plan's assets. Therefore, the Company and you are fiduciaries of the Plan as that term is defined in ERISA §3(21)(A).

Abandonment of the Plan

Our investigation revealed that the Company took action to terminate the Plan effective August 31, 2009. On or around December 2009, the Company went out of business. However, at no point after 2009, did you take steps to ensure that the Plan was properly wound down, with notice to all participants of their right to final distributions. Specifically, our investigation revealed that after 2009, the Plan Recordkeeper as

well as the Custodian lost contact with you and the Company. From 2009 until you were contacted by the Department in the fall of 2010, you and the Company abandoned your responsibilities to the Plan. During this time period, the Plan fiduciaries failed to provide the Plan participants and service providers with their contact information in order to answer any administrative questions relating to the Plan. Further, the fiduciaries made no effort to ensure that the Plan was properly terminated so that Plan monies were accessible to all the participants for distributions or rollovers to other plans. In addition, you and the Company made no effort to locate missing participants.

In our view, the Company's cessation of business did not relieve the Plan's fiduciaries of their ERISA fiduciary duties owed to the Plan and its participants and beneficiaries. We believe the Company's and your failure to administer the Plan for the benefit of participants and beneficiaries is a violation of ERISA §§404(a)(1)(A) and (B).

During the course of our investigation, you took affirmative measures to correct the breaches described above. Specifically, you located plan participants and signed distribution forms for them allowing them to take distributions from their Plan accounts. In addition, you contacted Paychex and gained access to the Plan Administrator website so as to facilitate plan distributions. You also took steps to locate missing participants, including: performing internet searches, checking a variety of different Plan documents and records, emailing former colleagues, and making telephone calls. When you were unable to locate missing participants, you took the additional step of establishing IRA rollover accounts and/or escheating funds as appropriate pursuant to the terms of the Plan and Departmental guidance on missing plan participants. By late May 2012, you ensured all participants who reasonably could be located had been contacted, and received instructions as to how to obtain their final Plan distributions. By June 13, 2012, you ensured that all such participants had received their funds (or in the case of the last, non-missing participant, Joshua Smith, was in the process of confirming receipt of his funds). You also ensured that all thirty four (34) of the remaining participants, who were missing, had been sent letters via the IRS Letter Forwarding program. Finally, you continued to respond to participants as individuals located through the IRS Letter Forwarding process contacted you and Paychex about obtaining final plan distributions.

We note that on June 13, 2012, Paychex confirmed final distributions to all 11 locatable participants. Further, we note that you have forwarded on your IRS letters to Paychex so that all missing participant accounts will be distributed per the Plan.

Reporting and Disclosure

ERISA §103(a)(1)(A) and §104(a)(1) require that Plan Administrators for employee benefit plans file an annual report with the Department within 210 days after the end of each plan year (the Annual Report Form 5500). ERISA §104(b)(3) requires that the Plan Administrator provide a summary of the annual report (Summary Annual Report) to each participant within 210 days of the close of each plan year. ERISA Section 105 requires that individual benefits be furnished automatically to participants. The statements must be provided quarterly and must abide by the format specified in Section 105(a)(2).

Our investigation disclosed that the Plan's Annual Report Forms 5500 have not been filed since the 2008 plan year filing. Additionally, Summary Annual Reports for the same reporting periods were not provided to Plan participants. Further, while participants have daily access to Individual Benefit Statements on Paychex's website, no evidence was provided that these statements contain all of the required language

specified in ERISA Section 105(a)(2) such as an explanation of the importance of a well-balanced portfolio and a notice directing participants to the Department of Labor website for more information. In our opinion, the Plan fiduciaries' failures to file the annual reports, to provide the Summary Annual Reports to participants, and to provide the requisite information in Individual Benefit Statements constitutes violations of ERISA Sections 103, 104, and 105. Because the Plan has been terminated, our office will take no further action with respect to these issues.

Please note, however, that the responsibility for the acceptance or rejection of any Annual Report Form 5500 or any part thereof is delegated to EBSA Office of the Chief Accountant (OCA). That office makes any final decision whether a reporting violation has occurred and should be corrected.

Should you wish to contact the OCA's Division of Reporting Compliance, the address and telephone number are:

U. S. Department of Labor
Employee Benefits Security Administration
Office of the Chief Accountant
Division of Reporting Compliance
200 Constitution Avenue NW, Suite 400
Washington, DC 20210
Telephone #: (202) 693-8364

Fidelity Bond

During the course of the investigation, the fiduciaries failed to provide evidence of bonding, and consequently the Department determined that the Plan was not covered under a fidelity bond. Failure to ensure that the Plan fiduciaries and other persons who handle Plan funds are bonded in an amount equal to 10% of the amount of the funds handled constitutes a violation of ERISA §412. As we understand the facts, the Plan has been terminated and all participant account balances have been distributed or are in the final stages of being distributed. Therefore, the Department will take no further action with regard to this issue.

Conclusion

Our office will take no further action with respect to these matters because you have taken certain corrective actions described above with respect to the wind-up of the Plan. You are cautioned, however, that by agreeing to take no further action with regard to these issues, the Department commits only itself and cannot in any way restrain any other individual or governmental agency from taking any further action it may deem appropriate with respect to either these or other matters.

We hope this letter will be helpful to you in the future should you again become a fiduciary to an ERISA covered plan. Finally, we appreciate the cooperation you have extended to us during the course of this investigation.

Sincerely,

A handwritten signature in cursive script that reads "Judith Owen for". The signature is written in dark ink and is positioned above the typed name of the sender.

JEAN ACKERMAN
Regional Director

Enclosures:

Attachment A – ERISA Sections

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning _____ and ending _____		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>	
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input checked="" type="checkbox"/> special extension (enter description) SEE LETTER	

Part II Basic Plan Information —enter all requested information		
1a Name of plan <div style="font-size: 1.2em; font-family: cursive;">FARWEST Freight Systems Inc 401k Plan</div>	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan <div style="font-size: 1.2em; font-family: cursive;">11/2002</div>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <div style="font-size: 1.2em; font-family: cursive;">(same) (OUT OF BUSINESS SINCE 2009) PO Box 439 Kapowsin, WA 98344</div>	2b Employer Identification Number (EIN) <div style="font-size: 1.2em; font-family: cursive;">91-0978531</div> 2c Sponsor's telephone number <div style="font-size: 1.2em; font-family: cursive;">253 569-1466</div> 2d Business code (see instructions) <div style="font-size: 1.2em; font-family: cursive;">484120</div>	

Caution: A penalty for 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 accompanying schedules, statements and attachments, 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 HERE		Date	<div style="font-size: 1.2em; font-family: cursive;">8/19/12 RYNDAS GEARS</div>
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	<div style="font-size: 1.2em; font-family: cursive;">8/19/12 Robert Gears</div>
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE		

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

Form 5500 (2010)
v.092307.1

(submitted for manual signatures only)