

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), 6057(b), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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 checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>BLUE ORIGIN, LLC 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>07/05/2004</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>BLUE ORIGIN, LLC</u> <u>21218 - 76 AVENUE SOUTH</u> <u>KENT, WA 98032-2442</u>	2b Employer Identification Number (EIN) <u>91-1990284</u> 2c Sponsor's telephone number <u>253-437-9310</u> 2d Business code (see instructions) <u>336410</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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/17/2012</u>	<u>GAIL FOX</u>
	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

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

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BLUE ORIGIN, LLC 21218 - 76 AVENUE SOUTH KENT, WA 98032-2442		3b Administrator's EIN 91-1990284	
		3c Administrator's telephone number 253-437-9310	
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	171
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	170
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	24
d Subtotal. Add lines 6a , 6b , and 6c		6d	194
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	0
f Total. Add lines 6d and 6e		6f	194
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	184
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	6
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: 2F 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)			
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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan BLUE ORIGIN, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUE ORIGIN, LLC	D Employer Identification Number (EIN) 91-1990284	

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65	RECORDKEEPER	1375	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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"/>

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"/>

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:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan BLUE ORIGIN, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUE ORIGIN, LLC	D Employer Identification Number (EIN) 91-1990284	

Part I	Asset and Liability Statement
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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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	479026	651863
(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)	150937	312969
(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)	7651254	9291970
(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	8281217	10256802

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8281217	10256802
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	492483	
(B) Participants	2a(1)(B)	1596563	
(C) Others (including rollovers)	2a(1)(C)	369228	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2458274

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57	
(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)	7738	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7795

(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)	232580	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		232580

(3) Rents	2b(3)		
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(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)		-524958
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2173691

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	191662	
(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)		191662
f Corrective distributions (see instructions)	2f		4908
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1536	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1536
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		198106

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1975585
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: SWEENEY CONRAD, P.S.

(2) EIN: 91-1301672

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:

	Yes	No	Amount
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.).....		X	
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.).....		X	
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.)		X	
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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
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.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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.		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 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>BLUE ORIGIN, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLUE ORIGIN, LLC</u>	D Employer Identification Number (EIN) <u>91-1990284</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	<u>0</u>
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>04-6568107</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 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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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

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): _____

BLUE ORIGIN, LLC 401(k) AND PROFIT SHARING PLAN

EIN: 91-1990284

PLAN NUMBER: 001

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2011 and 2010



BLUE ORIGIN, LLC 401(k) AND PROFIT SHARING PLAN

Financial Statements and Supplemental Schedule

December 31, 2011 and 2010

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INDEPENDENT AUDITORS' REPORT

September 7, 2012

To the Plan Administrator
Blue Origin, LLC 401(k) and Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of Blue Origin, LLC 401(k) and Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010, and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan's assets, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sweeney Conrad, P.S.

SWEENEY CONRAD, P.S.
Bellevue, Washington

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits -
Modified Cash Basis

	December 31,	
	2011	2010
ASSETS		
Mutual fund investments at fair value (Notes 3, 4 and 6)	\$ 9,943,833	\$ 8,130,280
Notes receivable from participants	312,969	150,937
Net assets available for benefits	<u>\$ 10,256,802</u>	<u>\$ 8,281,217</u>

See accompanying notes to financial statements

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits -
Modified Cash Basis
Year ended December 31, 2011

Additions to net assets attributed to:	
Interest on notes receivable from participants	<u>\$ 7,738</u>
Contributions:	
Participant deferrals	1,596,563
Participant rollovers	369,228
Plan sponsor matching	<u>492,483</u>
Total contributions	<u>2,458,274</u>
Total additions	<u>2,466,012</u>
Deductions from net assets attributable to:	
Net depreciation in fair value of investments	292,321
Benefits paid to participants	196,570
Administrative expenses (Note 6)	<u>1,536</u>
Total deductions	<u>490,427</u>
Net increase in net assets available for benefits	1,975,585
Net assets available for benefits:	
Beginning of the year	<u>8,281,217</u>
End of the year	<u>\$ 10,256,802</u>

See accompanying notes to financial statements

BLUE ORIGIN, LLC 401(k) AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2011 and 2010

NOTE 1 - ORGANIZATION AND DESCRIPTION OF THE PLAN

The Blue Origin, LLC 401(k) and Profit Sharing Plan (Plan) is a defined contribution plan and has been in effect since July 5, 2004. The Plan has been amended to comply with current legislation. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan covers substantially all employees of Blue Origin, LLC (the Company). Employees become eligible for participation upon hire and the attainment of age 21, and may begin participation on the first day of the month following the hire date. Employees are eligible to receive discretionary matching contributions at the time they begin deferring compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 90% of their pre tax eligible compensation to the Plan, within statutory limits. These contributions are paid to the Plan after each pay period. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

The Company may authorize discretionary matching contributions on an annual basis. Employer matching contributions are funded in January of the following Plan year. For the years ended December 31, 2011 and 2010, the Company authorized matching contributions equal to 100% of the first 3% of compensation that a participant contributed to the Plan. The Plan recorded \$492,483 employer matching contributions in 2011 which represented the 2010 matching contributions. The 2011 matching contributions totaled \$560,586 and were funded in January 2012.

Participant Accounts

Individual participant accounts are maintained by Fidelity Investments Institutional Operations Company, Inc., (FIIOC), the Plan's record keeper. Each participant's account is credited or charged with the participant's contribution, the Company's contributions, and allocations of investment earnings and losses and certain administrative expenses. Loan maintenance fees charged by FIIOC are deducted from the respective participants' accounts. Allocations are based on participant compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Investment Options

Participants direct employee and employer contributions among a variety of mutual funds available through Fidelity Management Trust Company (Fidelity).

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon.

Vesting in the Company's matching and discretionary profit sharing contributions is based on a 3 year cliff vesting schedule with 100% vesting after three years of credited service. Upon normal retirement (65), death or disability, participants become fully vested in all benefits.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Terms of the notes receivable may not exceed five years except for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan Administrator at the time of loan issuance. The interest rate on outstanding receivables as of December 31, 2011 is 4.0%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Benefits may be distributed upon retirement, death, disability or other termination of employment. Benefits equal to the value of the participant's vested account are paid in a lump sum or in installments as elected by participants. Under certain hardship circumstances or attainment of age 59 ½, participants may request a lump-sum distribution of their vested account balances prior to retirement.

Forfeited Accounts

Upon termination, participants' non-vested account balances are forfeited. Forfeitures may first be used to pay administrative expenses if not paid by the Company. Any remaining forfeitures will be used to reduce employer contributions. There was no forfeited non-vested account balance at December 31, 2011 and 2010 and no forfeitures were used to pay administrative expenses or reduce employer matching contributions in 2011.

Administrative Expenses

Mutual fund management expenses, including 12(b)1 revenue sharing fees, are deducted from each fund's earnings to arrive at net appreciation or depreciation as reported in the accompanying statement of changes in net assets available for benefits. FIIOC collects revenue sharing fees from certain mutual fund investments and uses it to offset its administration costs. Loan maintenance fees charged by FIIOC are deducted from the respective participants' accounts (Note 6). Other Plan administration fees are paid by forfeited account balances, if any, and remaining fees are paid by the Company.

Subsequent Events

The date to which events occurring after December 31, 2011, have been evaluated for possible adjustment to the financial statements or disclosure therein is September 7, 2012, which is the date on which the financial statements were available to be issued.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies used by the Plan:

Basis of Accounting

The accompanying financial statements have been prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the U.S. (GAAP). That basis differs from GAAP in that contributions are recorded when received instead of when withheld by employees or due from the employer, and fees are recognized when paid instead of when incurred.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Net Depreciation in Fair Value of Investments

Realized and unrealized gains and losses related to mutual funds are reported in "net depreciation in fair value of investments." Interest and dividends reinvested in the mutual funds are also reported in this category.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus accrued but unpaid interest, if any. Delinquent participant loans that are deemed to be in default based upon the terms of the Plan document are reclassified as distributions.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - FAIR VALUE MEASUREMENTS

The modified cash basis of accounting requires the use of an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access (level 1 measurements) and the lowest priority to inputs to the valuation methodology that are unobservable and significant to the fair value measurement (level 3 measurements).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010:

Mutual funds - Valued at the net asset value of shares held by the Plan at year end, based on unadjusted, quoted market prices (level 1 measurement).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by nature and risk of investment, and level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	2011 (Level 1)	2010 (Level 1)
Mutual funds:		
Large cap growth funds	\$ 2,218,869	\$ 1,624,827
Lifecycle funds	1,807,685	1,524,259
Mid cap growth funds	1,126,958	1,013,507
Bond funds	900,028	559,478
International funds	801,668	896,726
Money market funds	651,863	479,026
Mid cap value funds	640,481	535,287
Large cap blend funds	575,468	509,895
Balanced funds	450,944	380,612
Other	769,869	606,663
Total investments	\$ 9,943,833	\$ 8,130,280

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31 of either year:

	<u>2011</u>	<u>2010</u>
Fidelity mutual funds:		
Contrafund	\$ 1,021,905	\$ 852,762
Mid Cap Stock Fund	873,786	774,512
Diversified International Fund	710,531	807,639
Retirement Money Market Portfolio	651,863	479,026
Value Fund	640,481	535,287
Growth Company Fund	572,413	343,099
Freedom 2020 Fund	559,051	441,483

NOTE 5 - INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, the trustee, has certified that the following data included in the accompanying financial statements, notes and supplemental schedule is complete and accurate.

- 1) Fair value of mutual funds as of December 31, 2011 and 2010.
- 2) Outstanding balances of notes receivable from participants as of December 31, 2011 and 2010.
- 3) Net depreciation in fair value of investments and interest on notes receivable from participants for the year ended December 31, 2011.

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements, notes and supplemental schedule.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity, the trustee as defined by the Plan. Therefore, transactions with Fidelity and its affiliates qualify as party-in-interest transactions. FIIOC collects revenue sharing fees from certain mutual fund investments and uses it to offset its administration costs. Loan maintenance fees charged by FIIOC are deducted from the respective participants' accounts and totaled \$1,536 during the year ended December 31, 2011.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 8 - TAX STATUS

The Plan operates under provisions of a Fidelity volume submitter prototype plan document which received an opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was acceptable under section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. The Plan has been amended since the date of the opinion letter. The Plan Administrator has been informed by Fidelity that the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The modified cash basis of accounting requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. Based on representations from Fidelity, the Plan Administrator believes that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for periods prior to December 31, 2008.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan allows participants to invest in investment securities that are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with the investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

**SUPPLEMENTAL SCHEDULE
REQUIRED BY THE DEPARTMENT OF LABOR**

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
EIN - 91-1990284
Plan Number - 001
Item 4i, Schedule H (Form 5500)
Schedule of Assets (Held at End of Year)
December 31, 2011

(A) Party- in- interest	(B) Identity of issue, borrower, lessor or other similar party	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(E) Current Value
	Fidelity Funds:		
*	Contrafund	Mutual Fund	\$ 1,021,905
*	Mid Cap Stock Fund	Mutual Fund	873,786
*	Diversified International Fund	Mutual Fund	710,531
*	Retirement Money Market Portfolio	Mutual Fund	651,863
*	Value Fund	Mutual Fund	640,481
*	Growth Company Fund	Mutual Fund	572,413
*	Freedom 2020 Fund	Mutual Fund	559,051
*	Intermediate Bond Fund	Mutual Fund	479,566
*	Puritan Fund	Mutual Fund	450,944
*	Investment Gr Bond Fund	Mutual Fund	420,462
*	Freedom 2035 Fund	Mutual Fund	332,126
*	Freedom 2030 Fund	Mutual Fund	313,140
*	Real Estate Investment Portfolio	Mutual Fund	292,426
*	Spartan Total Market Index Fund	Mutual Fund	281,639
*	Small Cap Value Fund	Mutual Fund	272,528
*	Growth Strategies Fund	Mutual Fund	253,172
*	Blue Chip Growth Fund	Mutual Fund	245,906
*	Dividend Growth Fund	Mutual Fund	191,126
*	Export and Multinational Fund	Mutual Fund	190,344
*	Freedom 2025 Fund	Mutual Fund	159,630
*	Spartan Extended Market Index Fund	Mutual Fund	156,905
*	Freedom 2040 Fund	Mutual Fund	104,879
*	Fidelity Fund	Mutual Fund	102,703
*	Overseas Fund	Mutual Fund	91,137
*	Freedom 2050 Fund	Mutual Fund	90,258
*	Freedom 2045 Fund	Mutual Fund	88,966
*	Fifty Fund	Mutual Fund	80,176
*	OTC Portfolio	Mutual Fund	75,046
*	Freedom 2015 Fund	Mutual Fund	73,266
*	Freedom 2010 Fund	Mutual Fund	60,575
*	Equity Income Fund	Mutual Fund	43,670
*	Large Cap Stock Fund	Mutual Fund	33,079

This schedule was derived from information certified by Fidelity Management Trust Company

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
EIN - 91-1990284
Plan Number - 001

Item 4i, Schedule H (Form 5500)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2011

(A) Party- in- interest	(B) Identity of issue, borrower, lessor or other similar party	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(E) Current Value
	Fidelity Funds:		
*	Freedom 2005 Fund	Mutual Fund	\$ 11,130
*	Freedom Income Fund	Mutual Fund	8,319
*	Freedom 2000 Fund	Mutual Fund	6,345
*	Equity Income II Fund	Mutual Fund	4,340
*	Notes receivable from participants	Mature through 2019, with interest at 4.0%	312,969

BLUE ORIGIN, LLC 401(k) AND PROFIT SHARING PLAN

EIN: 91-1990284

PLAN NUMBER: 001

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2011 and 2010



BLUE ORIGIN, LLC 401(k) AND PROFIT SHARING PLAN

Financial Statements and Supplemental Schedule

December 31, 2011 and 2010

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INDEPENDENT AUDITORS' REPORT

September 7, 2012

To the Plan Administrator
Blue Origin, LLC 401(k) and Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of Blue Origin, LLC 401(k) and Profit Sharing Plan (the Plan) as of December 31, 2011 and 2010, and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan's assets, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sweeney Conrad, P.S.

SWEENEY CONRAD, P.S.
Bellevue, Washington

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits -
Modified Cash Basis

	December 31,	
	2011	2010
ASSETS		
Mutual fund investments at fair value (Notes 3, 4 and 6)	\$ 9,943,833	\$ 8,130,280
Notes receivable from participants	312,969	150,937
Net assets available for benefits	<u>\$ 10,256,802</u>	<u>\$ 8,281,217</u>

See accompanying notes to financial statements

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits -
Modified Cash Basis
Year ended December 31, 2011

Additions to net assets attributed to:	
Interest on notes receivable from participants	<u>\$ 7,738</u>
Contributions:	
Participant deferrals	1,596,563
Participant rollovers	369,228
Plan sponsor matching	<u>492,483</u>
Total contributions	<u>2,458,274</u>
Total additions	<u>2,466,012</u>
Deductions from net assets attributable to:	
Net depreciation in fair value of investments	292,321
Benefits paid to participants	196,570
Administrative expenses (Note 6)	<u>1,536</u>
Total deductions	<u>490,427</u>
Net increase in net assets available for benefits	1,975,585
Net assets available for benefits:	
Beginning of the year	<u>8,281,217</u>
End of the year	<u>\$ 10,256,802</u>

See accompanying notes to financial statements

BLUE ORIGIN, LLC 401(k) AND PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2011 and 2010

NOTE 1 - ORGANIZATION AND DESCRIPTION OF THE PLAN

The Blue Origin, LLC 401(k) and Profit Sharing Plan (Plan) is a defined contribution plan and has been in effect since July 5, 2004. The Plan has been amended to comply with current legislation. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan covers substantially all employees of Blue Origin, LLC (the Company). Employees become eligible for participation upon hire and the attainment of age 21, and may begin participation on the first day of the month following the hire date. Employees are eligible to receive discretionary matching contributions at the time they begin deferring compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 90% of their pre tax eligible compensation to the Plan, within statutory limits. These contributions are paid to the Plan after each pay period. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

The Company may authorize discretionary matching contributions on an annual basis. Employer matching contributions are funded in January of the following Plan year. For the years ended December 31, 2011 and 2010, the Company authorized matching contributions equal to 100% of the first 3% of compensation that a participant contributed to the Plan. The Plan recorded \$492,483 employer matching contributions in 2011 which represented the 2010 matching contributions. The 2011 matching contributions totaled \$560,586 and were funded in January 2012.

Participant Accounts

Individual participant accounts are maintained by Fidelity Investments Institutional Operations Company, Inc., (FIIOC), the Plan's record keeper. Each participant's account is credited or charged with the participant's contribution, the Company's contributions, and allocations of investment earnings and losses and certain administrative expenses. Loan maintenance fees charged by FIIOC are deducted from the respective participants' accounts. Allocations are based on participant compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Investment Options

Participants direct employee and employer contributions among a variety of mutual funds available through Fidelity Management Trust Company (Fidelity).

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon.

Vesting in the Company's matching and discretionary profit sharing contributions is based on a 3 year cliff vesting schedule with 100% vesting after three years of credited service. Upon normal retirement (65), death or disability, participants become fully vested in all benefits.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Terms of the notes receivable may not exceed five years except for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan Administrator at the time of loan issuance. The interest rate on outstanding receivables as of December 31, 2011 is 4.0%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Benefits may be distributed upon retirement, death, disability or other termination of employment. Benefits equal to the value of the participant's vested account are paid in a lump sum or in installments as elected by participants. Under certain hardship circumstances or attainment of age 59 ½, participants may request a lump-sum distribution of their vested account balances prior to retirement.

Forfeited Accounts

Upon termination, participants' non-vested account balances are forfeited. Forfeitures may first be used to pay administrative expenses if not paid by the Company. Any remaining forfeitures will be used to reduce employer contributions. There was no forfeited non-vested account balance at December 31, 2011 and 2010 and no forfeitures were used to pay administrative expenses or reduce employer matching contributions in 2011.

Administrative Expenses

Mutual fund management expenses, including 12(b)1 revenue sharing fees, are deducted from each fund's earnings to arrive at net appreciation or depreciation as reported in the accompanying statement of changes in net assets available for benefits. FIIOC collects revenue sharing fees from certain mutual fund investments and uses it to offset its administration costs. Loan maintenance fees charged by FIIOC are deducted from the respective participants' accounts (Note 6). Other Plan administration fees are paid by forfeited account balances, if any, and remaining fees are paid by the Company.

Subsequent Events

The date to which events occurring after December 31, 2011, have been evaluated for possible adjustment to the financial statements or disclosure therein is September 7, 2012, which is the date on which the financial statements were available to be issued.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies used by the Plan:

Basis of Accounting

The accompanying financial statements have been prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the U.S. (GAAP). That basis differs from GAAP in that contributions are recorded when received instead of when withheld by employees or due from the employer, and fees are recognized when paid instead of when incurred.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Net Depreciation in Fair Value of Investments

Realized and unrealized gains and losses related to mutual funds are reported in "net depreciation in fair value of investments." Interest and dividends reinvested in the mutual funds are also reported in this category.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus accrued but unpaid interest, if any. Delinquent participant loans that are deemed to be in default based upon the terms of the Plan document are reclassified as distributions.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - FAIR VALUE MEASUREMENTS

The modified cash basis of accounting requires the use of an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access (level 1 measurements) and the lowest priority to inputs to the valuation methodology that are unobservable and significant to the fair value measurement (level 3 measurements).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010:

Mutual funds - Valued at the net asset value of shares held by the Plan at year end, based on unadjusted, quoted market prices (level 1 measurement).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by nature and risk of investment, and level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	2011 (Level 1)	2010 (Level 1)
Mutual funds:		
Large cap growth funds	\$ 2,218,869	\$ 1,624,827
Lifecycle funds	1,807,685	1,524,259
Mid cap growth funds	1,126,958	1,013,507
Bond funds	900,028	559,478
International funds	801,668	896,726
Money market funds	651,863	479,026
Mid cap value funds	640,481	535,287
Large cap blend funds	575,468	509,895
Balanced funds	450,944	380,612
Other	769,869	606,663
Total investments	<u>\$ 9,943,833</u>	<u>\$ 8,130,280</u>

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31 of either year:

	<u>2011</u>	<u>2010</u>
Fidelity mutual funds:		
Contrafund	\$ 1,021,905	\$ 852,762
Mid Cap Stock Fund	873,786	774,512
Diversified International Fund	710,531	807,639
Retirement Money Market Portfolio	651,863	479,026
Value Fund	640,481	535,287
Growth Company Fund	572,413	343,099
Freedom 2020 Fund	559,051	441,483

NOTE 5 - INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, the trustee, has certified that the following data included in the accompanying financial statements, notes and supplemental schedule is complete and accurate.

- 1) Fair value of mutual funds as of December 31, 2011 and 2010.
- 2) Outstanding balances of notes receivable from participants as of December 31, 2011 and 2010.
- 3) Net depreciation in fair value of investments and interest on notes receivable from participants for the year ended December 31, 2011.

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements, notes and supplemental schedule.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity, the trustee as defined by the Plan. Therefore, transactions with Fidelity and its affiliates qualify as party-in-interest transactions. FIIOC collects revenue sharing fees from certain mutual fund investments and uses it to offset its administration costs. Loan maintenance fees charged by FIIOC are deducted from the respective participants' accounts and totaled \$1,536 during the year ended December 31, 2011.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 8 - TAX STATUS

The Plan operates under provisions of a Fidelity volume submitter prototype plan document which received an opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was acceptable under section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. The Plan has been amended since the date of the opinion letter. The Plan Administrator has been informed by Fidelity that the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The modified cash basis of accounting requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. Based on representations from Fidelity, the Plan Administrator believes that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for periods prior to December 31, 2008.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan allows participants to invest in investment securities that are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with the investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

**SUPPLEMENTAL SCHEDULE
REQUIRED BY THE DEPARTMENT OF LABOR**

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
EIN - 91-1990284
Plan Number - 001
Item 4i, Schedule H (Form 5500)
Schedule of Assets (Held at End of Year)
December 31, 2011

(A) Party- in- interest	(B) Identity of issue, borrower, lessor or other similar party	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(E) Current Value
	Fidelity Funds:		
*	Contrafund	Mutual Fund	\$ 1,021,905
*	Mid Cap Stock Fund	Mutual Fund	873,786
*	Diversified International Fund	Mutual Fund	710,531
*	Retirement Money Market Portfolio	Mutual Fund	651,863
*	Value Fund	Mutual Fund	640,481
*	Growth Company Fund	Mutual Fund	572,413
*	Freedom 2020 Fund	Mutual Fund	559,051
*	Intermediate Bond Fund	Mutual Fund	479,566
*	Puritan Fund	Mutual Fund	450,944
*	Investment Gr Bond Fund	Mutual Fund	420,462
*	Freedom 2035 Fund	Mutual Fund	332,126
*	Freedom 2030 Fund	Mutual Fund	313,140
*	Real Estate Investment Portfolio	Mutual Fund	292,426
*	Spartan Total Market Index Fund	Mutual Fund	281,639
*	Small Cap Value Fund	Mutual Fund	272,528
*	Growth Strategies Fund	Mutual Fund	253,172
*	Blue Chip Growth Fund	Mutual Fund	245,906
*	Dividend Growth Fund	Mutual Fund	191,126
*	Export and Multinational Fund	Mutual Fund	190,344
*	Freedom 2025 Fund	Mutual Fund	159,630
*	Spartan Extended Market Index Fund	Mutual Fund	156,905
*	Freedom 2040 Fund	Mutual Fund	104,879
*	Fidelity Fund	Mutual Fund	102,703
*	Overseas Fund	Mutual Fund	91,137
*	Freedom 2050 Fund	Mutual Fund	90,258
*	Freedom 2045 Fund	Mutual Fund	88,966
*	Fifty Fund	Mutual Fund	80,176
*	OTC Portfolio	Mutual Fund	75,046
*	Freedom 2015 Fund	Mutual Fund	73,266
*	Freedom 2010 Fund	Mutual Fund	60,575
*	Equity Income Fund	Mutual Fund	43,670
*	Large Cap Stock Fund	Mutual Fund	33,079

This schedule was derived from information certified by Fidelity Management Trust Company

BLUE ORIGIN, LLC
401(k) AND PROFIT SHARING PLAN
EIN - 91-1990284
Plan Number - 001

Item 4i, Schedule H (Form 5500)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2011

(A) Party- in- interest	(B) Identity of issue, borrower, lessor or other similar party	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(E) Current Value
	Fidelity Funds:		
*	Freedom 2005 Fund	Mutual Fund	\$ 11,130
*	Freedom Income Fund	Mutual Fund	8,319
*	Freedom 2000 Fund	Mutual Fund	6,345
*	Equity Income II Fund	Mutual Fund	4,340
*	Notes receivable from participants	Mature through 2019, with interest at 4.0%	312,969