	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0 1210-0				
	Department of the Treasury Internal Revenue Service	Benefit Plan 201   This form is required to be filed under sections 104 and 4065 of the Employee 201			2011				
-	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					s Open to Public		
P	ension Benefit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.							
	Part I Annual Report Identification Information   For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011								
	Γ		7	¥	2/31/2				
		X a single-employer plan		e-employer plan (not multiemployer)		a one-partici	oant plan		
Β -	This return/report is:	the first return/report		eturn/report					
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	_			
C	Check box if filing under:	Y Form 5558	_1	extension		DFVC progra	ım		
		special extension (enter descripti							
		nation—enter all requested inform	nation		46		-		
	Name of plan TATE HYDROSEEDING, INC.	PROFIT SHARING PLAN			10	Three-digit plan number			
TIXI-C	TATE TIT DROSEEDING, INC.					(PN) ►	001		
					1c	Effective date o 01/01	•		
		ess; include room or suite number (	employer, if	for a single-employer plan)	2b	Employer Identi	fication Number		
TRI-8	STATE HYDROSEEDING, INC.					(EIN) 82-04	74400		
					2c	Sponsor's telep			
	OX 147 STON, ID 83839-0147				2d	Business code ( 11531	see instructions)		
	Plan administrator's name and TATE HYDROSEEDING, INC.	address (if same as plan sponsor, e PO BOX 147		2")	3b	Administrator's 82-04	EIN 74400		
		KINGSTON,	ID 83839-0	)147	3c	Administrator's 208-786	elephone number 6-6600		
4		lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN			
2	name, EIN, and the plan numb Sponsor's name	per from the last return/report.			40	PN			
	•	the beginning of the plan year			40 5a		2		
-					5a 5b		2		
c		count balances as of the end of the			50				
			• • •		5c		2		
	•			(See instructions.)			🗙 Yes 🗌 No		
b				ndent qualified public accountant (IQI ions.)			X Yes 🗌 No		
				SF and must instead use Form 55					
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End			
а	Total plan assets			2520			2470		
b	Total plan liabilities		7b						
	•	7b from line 7a)		2520			2470		
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal		
а	(1) Employers	vable from:	8a(1)						
	., .	)							
b	Other income (loss)								
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				0		
d		rollovers and insurance premiums	8d						
е	,	tive distributions (see instructions)							
f		rs (salaries, fees, commissions)		50					
g									
-		8e, 8f, and 8g)					50		
i		e 8h from line 8c)					-50		
j		ee instructions)							
			-,		1				

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

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions								
10	Du	rring the plan year:		Yes	No		Α	moun	nt	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х					
С	W	as the plan covered by a fidelity bond?	10c		Х					
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		X					
f	На	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Die	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11										
lf	(If If a gra <b>you</b>	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- anting the waiver	ctions, th	, and e 	enter th	ie dat	te of the	e letter	r rulin	
		ter the minimum required contribution for this plan year			120 12c					
c d	Su	ter the amount contributed by the employer to the plan for this plan year btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)	of a		120					
е	Wi	I the minimum funding amount reported on line 12d be met by the funding deadline?				Y	′es	No		N/A
Part										
		is a resolution to terminate the plan been adopted in any plan year?			XY	′es	No			
		Yes," enter the amount of any plan assets that reverted to the employer this year								0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						<u> </u>	′es	X No
C	lf c	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)							L	
1	3c(	1) Name of plan(s):		13	c <b>(2)</b> El	N(s)		130	c <b>(3)</b> F	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	use is	establ	ishe	d.			
Unde	er pe	enalties of perjury and other penalties set forth in the instructions. I declare that I have examined this retu	urn/re	oort, in	cludin	q, if a	pplicab	le, a S	Scher	dule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/05/2012	DALE STEVENS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Oct 03 2012 3:08PM Panhandle Linen Inc. 208-786-6600

		Return/ Benefi	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089			
		fied under sections 104 and 4065 of the Employee 2011						
_	Department of Labor mployee Benefits Security Administration the Intern	Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).						
-	Complete all entries in accordance with the instructions to the Form 5500-SF.							
	art Annual Report Identification Information	01/01/	2011 and ending		12/31/2011			
-	This return/report is for: X a single-employer plan	1	e-employer plan (not multiemployer)		a one-participant plan			
	This return/report is:	<b>i</b> - 1	return/report					
D	an amended return/report		an year return/report (less than 12 mg	onths				
C	Check box if filing under: X Form 5558		c extension		DEVC program			
	special extension (enter descripti							
P	art I Basic Plan Information-enter all requested inform			_				
	Name of plan			1b	Three-digit			
TF	I-STATE HYDROSEEDING, INC. PROFIT SHARIN	IG PLAN	a la		plan number			
			}	40	(PN) P			
				IG	Effective date of plan 01/01/1998			
	Plan sponsor's name and address; include room or suite number (e	employer,	f for a single-employer plan)	2b	Employer Identification Number			
TR	I-STATE HYDROSEEDING, INC.				(EIN) 82-0474400			
PO	BOX 147			2c	Sponsor's telephone number			
10	DOA 14/		ŀ	24	208-786-6600 Business code (see instructions)			
KI	NGSTON ID 83839-0147			zu	115310			
3a TR	Plan administrator's name and address (if same as plan sponsor, e I-STATE HYDROSEEDING, INC.	e")	3b	Administrator's EIN 82-0474400				
PO	BCX 147			3c	Administrator's telephone number			
4 4	NGSTON ID 83839-0147	last return	Imperat file of fer this store entry the	46	208-786-6600			
	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return	report filed for this plan, enter the	40	EIN			
a	Sponsor's name			4c	PN			
6a	Total number of participants at the beginning of the plan year	••••••		5a	2			
b	Total number of participants at the end of the plan year			5b	2			
¢	Number of participants with account balances as of the end of the complete this item)			5c	2			
	Were all of the plan's assets during the plan year invested in eligit				X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ions.)					
Da	If you answered "No" to either 6a or 6b, the plan cannot use F A III Financial Information	orm 5500	-SF and must instead use Form 550	0.				
7	Plan Assets and Liabilities	enî nav kirin	(a) Beginning of Year	Т	(b) End of Year			
a	Total plan assets	7a	252	0	2470			
b	Total plan liabilities							
c	Net plan assets (subtract line 7b from line 7a)	70	252	0	2470			
8	Income, Expenses, and Transfers for this Plan Year	0.000	(a) Amount		(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(1) Employers							
	(3) Others (including rollovers)							
b	Other income (loss)	8b	· · · · · · · · · · · · · · · · · · ·					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				0			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d						
0	Certain deemed and/or corrective distributions (see instructions)	80		10				
f	Administrative service providers (salaries, fees, commissions)	81	50	2				
9	Other expenses		The second s	16	的同時的目的目的。這個人的關鍵的			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				50			
I	Net income (loss) (subtract line 8h from line 8c)			e R Past	-50			
j	Transfers to (from) the plan (see instructions)	8j*			Conservation as a service of			
For P	eperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for	Porna 6600-5	IF.		Farm 5500-SF (2011) v.012611			

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Form 5500-SF 2011	Page 2 -

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Part IV	Dian Chanadaniatian	
	Plan Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10	During the plan year:		Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		-	
C	Was the plan covered by a fidelity bond?	10c		x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x			
0	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
9	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	100		х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
I	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	101				Te is a fe	
AND DIFFERENCES.							
Part	Vie Pension Funding Compliance						
Part 11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete :	Sched	ule SE	l (Form	ΠYe	86    NO
11 12	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or sei	clion 3	102 of 1	ERISA?.	. [] Ye	is X No
11 12	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc-	or sei	clion 3	02 of i	ERISA?.	The letter	nuling
11 12 a	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- granting the waiver	or sei	clion 3	02 of i	ERISA?.	The letter	nuling
11 12 a If y	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- granting the waiver	tions,	clion 3 and e	02 of i	ERISA?.	The letter	nuling
11 12 a ify b c	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see Instructions and com granting the waiver. Non completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	tions,	and e	02 of i nter th Day	ERISA?.	The letter	nuling
11 12 a ify b c	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- granting the waiver	tions,	and ea 	nter th Day	ERISA?.	The letter	nuling
11 12 a Ify b c d	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see Instructions on the waiver	or set otions, th of a	and ea 	12b 12c 12d	ERISA?.	The letter	nuling
11 12 a Ify b c d	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions on ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year	or set otions, th of a	and ea 	12b 12c 12d	ERISA? .	the letter Year	ruling
11 12 a lfy b c d e Part	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	tions, th of a	and e	12b 12c 12d	ERISA?.	the letter Year	ruling
11 12 a lfy b c d e Part	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see Instructions and com granting the waiver	tions, th	clion 3 and e	12b 12c 12d	ERISA?.	the letter Year	ss 🛛 No rulling
11 12 a ify b c d e Part 13a	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and com granting the waiver. Not completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiartes, transferrer to another plan, or brought u	of a	ction 3 and ed 	12b 12c 12d X Y	ERISA?.	the letter Year	ss 🛛 No ruling
11 12 a lf) b c d e Part 13a b	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and com granting the waiver. Not completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	of a	and e	12b 12c 12d X Y	ERISA?.	the letter Year	ss 🖾 No ruling

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, i declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, apd portplete.

sign feft Muuhis		Jeff Waechter
HERE Signature of plan administrator	Date /0 - 9-	Enter name of individual signing as plan administrator
sign Al a entities		Jeff Waechter
HERE Signature overpoloyer/plan sponsor	Date 10 - 4-	Friter name of individual signing as employer or plan sponsor