Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

the Internal Revenue Code (the Code). Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number DOYENZ, INC. 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 04/30/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DOYENZ, INC 51-0654434 (EIN) 2c Sponsor's telephone number 206-905-4713 11245 SE 6TH STREET, SUITE 120 BELLEVUE, WA 98004 2d Business code (see instructions) 541519 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN DOYENZ, INC. 11245 SF 6TH STREET. BELLEVUE, WA 98004 Administrator's telephone number 206-905-4713 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 62 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 18 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 182652 220105 Total plan assets..... 7a 7b Total plan liabilities..... 182652 220105 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 76259 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -7998 **b** Other income (loss)..... 8b 68261 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 28482 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e

8f

8g

8h

8i

Administrative service providers (salaries, fees, commissions).......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

30808

37453

2326

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Dart IV	Dlan	Chara	otorictics
Part IV	Plan	Cnara	cteristics

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

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				!	500000
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				
е	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		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(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 instruction granting the waiver. Mont							
-	rou 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		Г	12b				
				12c				
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	О	N/A
art					-			
3a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X N	lo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)					_		
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	estab	lished.			
B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	10/16/2012	ASHUTOSH TIWARY
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art l Annual Report Identification Information	, , , , , , , , , , , , , , , , , , , 				
For		1/01/2	011 and ending		12/31/2011 -	
A :	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participa	nt plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)		
C	Check box if filing under: X Form 5558	automatic	extension	ſ	DFVC program	
	special extension (enter description	on)		-		
Pa	rt II Basic Plan Information—enter all requested inform	ation				
	Name of plan			1b	Three-digit	
	Doyenz, Inc. 401(k) Plan				plan number	0.07
					(PN) •	001
					Effective date of p	olan
2a	Plan sponsor's name and address; include room or suite number (e	mplover, if	for a single-employer plan)		Employer Identific	ation Number
	Doyenz, Inc.	, , ,			(EIN) 51-0654	
					Sponsor's telepho	
	11245 SE 6th Street, Suite 120				(206) 905-4	
				2d	Business code (se	e instructions)
	Bellevue	-t-# "C-#	WA 98004	2h	541519 Administrator's Ell	h i
	Plan administrator's name and address (if same as plan sponsor, e Same	nter Same	7	JD ,	Auministrator's En	IN.
				3с	Administrator's tel	ephone number
4	To the state of th			41_		
4	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.	ast return/	eport filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		26
b	Total number of participants at the end of the plan year			5b	,	62
С	Number of participants with account balances as of the end of the	olan year (defined benefit plans do not			10
	complete this item)			5c		18
6a	complete this item)	le assets?	(See instructions.)			18
6a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	ie assets? an indeper	(See instructions.)dent qualified public accountant (IQI	 PA)		
6a b	complete this item)	le assets? an indeper and condit	(See instructions.)dent qualified public accountant (IQI ons.)	PA)		X Yes No
6a b	Complete this item)	le assets? an indeper and condit	(See instructions.)dent qualified public accountant (IQI ons.)	PA)		X Yes No
6a b	complete this item)	le assets? an indeper and condit	(See instructions.)	PA)		X Yes No X Yes No
6a b Pa 7	complete this item)	le assets? an indeper and condit orm 5500-	(See instructions.)dent qualified public accountant (IQI ons.)SF and must instead use Form 55	PA)		X Yes No X Yes No
6a b Pa	complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan liabilities	le assets? an indeper and condit orm 5500-	(See instructions.)	PA) 00.		Yes No Yes No Yes No Yes No Yes No 220,105
6a b Pa 7 a b	Complete this item)	le assets? an indeper and condit orm 5500- 7a 7b 7c	(See instructions.)	PA) 00.	(b) End o	Yes No Yes No FYear 220,105
6a b Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use For till Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	le assets? an indeper and condit orm 5500-	(See instructions.)	PA) 00.		Yes No Yes No FYear 220,105
6a b Pa 7 a b	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use For III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	le assets? an indeper and condit orm 5500- 7a 7b 7c	(See instructions.)	PA) 00.	(b) End o	Yes No Yes No FYear 220,105
6a b Pa 7 a b c	complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use For till Financial Information. Plan Assets and Liabilities. Total plan assets	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1)	(See instructions.)	PA) 000.	(b) End o	Yes No Yes No Yes No fYear 220,105
6a b Pa 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	PA) 000.	(b) End o	Yes No Yes No FYear 220,105
6a b Pa 7 a b c	complete this item). Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use For till Financial Information. Plan Assets and Liabilities. Total plan assets	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1)	(See instructions.)	PA) 00. 52	(b) End o	Yes No Yes No FYear 220,105
6a b Pa 7 a b c	complete this item)	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	PA) 00. 52	(b) End o	Yes No Yes No FYear 220,105
Pa 7 a b c	complete this item)	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) dent qualified public accountant (IQI ons.)	PA) 00. 52 52 59	(b) End o	Yes No Yes No Yes No fYear 220,105
Pa 7 a b c 8 a	complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.)	PA) 00. 52 52 59	(b) End o	Yes No Yes No Yes No fYear 220,105
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6a b Pa 7 a b c 8 a b c d e f	complete this item)	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.) dent qualified public accountant (IQI ons.)	PA) 000. 522 539	(b) End o	Yes No Yes No Yes No fYear 220,105
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6a b Pa 7 a b c 8 a b c d e f	complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use F. T. III Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 556 (a) Beginning of Year 182,65 (a) Amount 76,25	PA) 000. 522 539	(b) End o	Yes No Yes No Yes No 68,261
Pa 7 a b c 8 a b c d e f g	complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) dent qualified public accountant (IQI ons.) SF and must instead use Form 556 (a) Beginning of Year 182,65 (a) Amount 76,25	PA) 000. 522 539	(b) End o	Yes No Yes No Yes No f Year 220,105 220,105 tal

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Page	2	_

Par											-
9a	lf th	ie plan provides pension benefits, enter the applicable pension featu $2\mathtt{E}\ 2\mathtt{F}\ 2\mathtt{G}\ 2\mathtt{J}\ 2\mathtt{T}\ 3\mathtt{D}$	ure codes from th	e List of Plan Char	acterl	stic Co	des in	the ins	truction	s:	· · · · ·
þ	Jf th	e plan provides welfare benefits, enter the applicable welfare featur	e codes from the	List of Plan Chara	cterist	ic Cod	es in t	he instr	uctions	!	
Part	V	Compliance Questions		· 			·				
10		ring the plan year:						4			
				,		Yes	No		Am	ount	
	29	is there a failure to transmit to the plan any participant contributions CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary	Correction Prog	ram)	10a		x				
Þ	We on	re there any nonexempt transactions with any party-in-interest? (Do line 10a.)	o not include tran	sactions reported	10b		х			·	
C	Wa	as the plan covered by a fidelity bond?	******************		10c	Х				50	0,00
,d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fideli	ty bond, that was	caused by fraud	10d		x		- ii .		
e	We	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the	ersons by an insu	rance carrier,	10e		x				
f	Has	the plan failed to provide any benefit when due under the plan?	***************	-pjermebnjesjecejesje	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)	***************************************	10g		Х	<u> </u>			
h	If th 252	ils is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 2	29 CFR	10h		х	· · · · · · · · · · · · · · · · · · ·		··	
i	If 10	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	nulred notice or o	no of the	10ii			1			
art '		Pension Funding Compliance				·		-		7.	
11	ls th	is a defined benefit plan subject to minimum funding requirements?	(If "Yes," see ins	tructions and comp	olete S	chedi	le SB	(Form		Yes	
if y	ou c	waiver of the minimum funding standard for a prior year is being am uting the waiver	(Form 5500), an	d skip to line 13.	h		Day 2 Ь		Yea	Γ	
С	Ente	r the amount contributed by the employer to the plan for this plan ye	**********************	ing i pangalah daba di dan manin nagara sanga	- ئەسۇسىيەتلەك	* -				 	
d	Subi	tract the amount in line 12c from the amount in line 12b. Enter the retire amount)	esulf (enter a min	us sign to the left o	f n	- 1	12c 12d				· · · ·
e	Wili 1	the minimum funding amount reported on line 12d be met by the fur	nding deadline?		Marie de la constanta	·		1 Yes	П	юП	N/A
art \	/11	Plan Terminations and Transfers of Assets			·			4		<u> </u>	. 1900
i3a	Has	a resolution to terminate the plan been adopted in any plan year?	States with a state of			ī	Īγ	es X	No		
	lf"Y	es," enter the amount of any plan assels that reverted to the employ	ver this year		13	a l	_		1140		- , i ' meren
b	Nere	e all the plan assets distributed to participants or beneficiaries, trans	formed to exerte		-		trol	<u> </u>	П	v F	
ψ.	uu	ring this plan year, any assets or liabilities were transferred from thi h assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s), identify the	plan	s) to	este.		Ш	Yes 2	A IND
		Name of plan(s):				13c(2) EIN	i(s)		3c(3) P	N(s)
							٠.			•	
`aretin	m: A	manufactor for the late of the same			<u> </u>					·····	
lodec	DOD!	penalty for the late or incomplete filing of this return/report w	ill be assessed t	inless reasonable	caus	e is e	stablis	shed,	<u> </u>		1. 1
, .	~~~~	alties of perjury and other penalties set forth in the instructions, I de dule MB completed and signed by an enrolled actuary, as well as the true, correct, and complete	clare that I have e he electronic vers	examined this return ion of this return/re	n/repo sport, :	rt, incl and to	uding the be	if appli est of m	lcable, e ly knowl	Sched edge ar	lule nd
SIGN		17/100	0/15/2012	Ashutosh Ti	war	,			<u></u>		 -
IERE	5	ignature of plan admissistrator Da	ate	Enter hame of ind			no as	clan ad	ministra	itor	
SIGN	L		0/1/2012						, reput 11 21		· · · · · · ·
IERE	S	ignature of exposoryer/plan sponsor Da	die 1	Enter name of Ind	ividua	Skoni	70 P¢	eninkar	SE AF NIA	in eene	A 15 #
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