

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

#### Washington, D.C. 20549

Form 3

OMB Number: 3235-0104 Estimated average burden hours per response.....0.5

### **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement (Month/Day/Year)	4. Relationship of Reporting P	4. Relationship of Reporting Person(s) to Issuer (Check all		
				applicable)			
				Director	□10% Owner		
(Last)	(First)	(Middle)	3. Issuer Name and Ticker or Trading Symbol	□Officer (give title below)	$\Box$ Other (specify below)		
	(Street)			6. Individual or Joint/Group Fi	ling (Check applicable line)		
			5. If Amendment, Date Original Filed (Month/Day/Year)	□ Form filed by One Reportin	g Person		
(City)	(State)	(Zip)		$\Box$ Form filed by More than Or	ne Reporting Person		

## Table I – Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 14

# Table II — Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and		3. Title and Amount of Securities Underlying		4. Conversion 5. Ownership		6. Nature of Indirect Beneficial Ownership
1. The of Derivative Security (instit 4)	Expiration Date		Derivative Security (Instr. 4)		or Exercise	Form of	(Instr. 5)
	(Month/Day/Ye		Derivative Security (Inst. 4)		Price of	Derivative	(1150.5)
		edi)			Derivative		
						Security:	
					Security	Direct (D) or	
						Indirect (I)	
						(Instr. 5)	
	Data	E set set i se		Amount or			
	Date	Expiration	Title	Number of			
	Exercisable	Date		Shares			

## Explanation of Responses:

\*\* Signature of Reporting Person

Date

For guestions, please call (602) 375-0888.

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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Return completed forms to: all@highlandfilings.com or by fax to (623) 850-8504.

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