## FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Form 3
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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(Print or Type Responses)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement (Month/Day/Year)									
(Last)	(First)	(Middle)	-		4. Relationship of R (Chec	eporting Person(s) ck all applicable)10%		5. If Amendment, Date Original Filed (Month/Day/ Year)				
	(Street)				Officer (give title 	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One ReportingPerson				
(City)	(State)	(Zip)			Table I — Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)					t of Securities cially Owned 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of (Instr. 5)	Indirect Beneficial Ownership				

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

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5(b)(v).

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)	Price of Deri-	ship Form of Deriv- ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	vative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Explanation of Responses:							

Explanation of Responses:

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.

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 Number.

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

\*\*Signature of Reporting Person Date