

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

FORM SH

FORM SH COVER PAGE

Report for the Period Ended: _____ [Month, Day, Year] _____

Check here if Amendment []; Amendment Number: _____

This Amendment (Check only one): [] is a restatement.
[] adds new entries.

Institutional Investment Manager Filing this Report:

Name: _____
Address: _____

Form 13F File Number: 28-_____

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

Person Signing this Report on Behalf of Reporting Manager:

Name: _____
Title: _____
Phone: _____

Signature, Place, and Date of Signing

_____ [Signature]

_____ [City, State]

_____ [Date]

Report Type (Check only one):

- FORM SH ENTRIES REPORT. (Check here if all entries of this reporting manager are reported in this report.)
- FORM SH NOTICE. (Check here if no entries reported are in this report, and all entries are reported by other reporting manager(s).)
- FORM SH COMBINATION REPORT. (Check here if a portion of the entries for this reporting manager is reported in this report and a portion is reported by other reporting manager(s).)

List of Other Managers Reporting for this Manager:

[If there are no entries in this list, omit this section.]

Form 13F File Number _____ Name _____

28-_____
[Repeat as necessary.]

FORM SH SUMMARY PAGE

Report Summary:

Number of Other Included Managers: _____

Form SH Information Table Entry Total: _____

Form SH Information Table Value Total: _____
(thousands)

List of Other Included Managers:

Provide a numbered list of the name(s) and Form 13F file number(s) of all institutional investment managers with respect to which this Form SH report is filed, other than the manager filing this report.

[If there are no entries in this list, state “NONE” and omit the column headings and list entries.]

No.	Form 13F File Number	Name
_____	28-_____	_____

[Repeat as necessary.]

FORM SH INFORMATION TABLE –PAGE 1
MONDAY, _____ [Month, Day, Year]

FORM SH INFORMATION TABLE –PAGE 2
TUESDAY, _____ [Month, Day, Year]

FORM SH INFORMATION TABLE -PAGE 3
WEDNESDAY, _____ [Month, Day, Year]

FORM SH INFORMATION TABLE –PAGE 4
THURSDAY, _____ [Month, Day, Year]

FORM SH INFORMATION TABLE –PAGE 5
FRIDAY, _____ [Month, Day, Year]

FORM SH INFORMATION TABLE –PAGE 6
SATURDAY-SUNDAY, _____ [Month, Day, Year]