

**FORM 3**

**Federal Deposit Insurance Corporation  
Washington, D.C. 20429**

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

*(PLEASE PRINT OR TYPE ALL RESPONSES)*

OMB APPROVAL

OMB NUMBER: 3064-0030  
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hours per response ...1.0

1. Name of Reporting Person <i>(Last, First, Middle)*</i>			2. Date of Event Requiring Statement <i>(Month/Day/Year)</i>	4. Issuer Name and Ticker or Trading Symbol	
Street Address			3. IRS Identification Number of Reporting Person, if an Entity <i>(Voluntary)</i>	5. Relationship of Reporting Person to Issuer <i>(Check all applicable)</i> <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <i>(give title below)</i> <input type="checkbox"/> Other <i>(Specify below)</i> _____	6. If Amendment, Date Original Filed <i>(Month/Day/Year)</i>
City	State	ZIP Code			7. Individual or Joint/Group Filing <i>(Check Applicable Box)</i> <input type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

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

**Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of shares			

Explanation of Responses:

\_\_\_\_\_  
\*\*Signature of Reporting Person

\_\_\_\_\_  
Date

NOTE: File three copies of this Form, one of which must be manually signed. If the space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611). Potential persons who are to respond to the collection of information contained on this form are not required to respond unless the form displays a current, valid OMB Control Number. \*\*Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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