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SHIPES H R Form 3 September 14, 2001

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U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 of Section 30(f) of the Investment Company Act 1940

1.Name and Address Shipes	of Reporting	Person*	2.Date of Event Requiring Statement (Month/Day/Year)	1	r Name and Tick	
	(First)	(MI)	 09/7/01		ionship of Report (Check all App	_
 11251 E. Camin	11251 E. Camino del Sahuaro		3.IRS Identification Number of Reporting	X Dire 	ctor :	X 10% Owi
 (Street) 			Person, if an entity (voluntary)			Other (speci
 Tucson	AZ	85749	 	 Presid 	ent and Chief E	xecutive
(City)	(State)	(Zip)	 TABLE I - Non-Der	rivative S	ecurities Benef	icially (
 1.Title of Security 	(Instr. 4)		2.Amount of Securiti Beneficially Owned (Instr. 4)		3.Ownership Form: Direct (D) or Indirect (I)(Instr.5)	
 Common Stock 		I	 789,927 	l	 D 	
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Reminder: Report on a separate line for each class securities owned directly or indirectly. *If the form is filed by more than one reporting person, see Instruction 5(b)(v).

FORM 3 (continued)

TABLE II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible secur

(e.g., pues, carrs, warranes, operons, convercible secu.						
1.Title of Derivative Security (Instr. 4)	2.Date Exercisable and Expiration Date (Month/Day/Year) 		3.Title and Amoun Derivative Secon 	4.Conve Exerc of De Secur 		
	 Date Exercisable	Expiration Date		Amount or Number of Shares	·- 	
	9/7/01	 9/6/11	Common Stock	 100,000 (1)		
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Explanation of Responses:

(1) The stock options are fully vested.

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

**Signature of

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

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMD Number.