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DAVIS GERALD E 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

 			Requiring Statement (Month/Day/Year)		r Name and Tick		
Davis	Gerald	E.		!			
 (Last) 	(First)	(MI)			Relationship of Reporting Pe Essuer (Check all Applicable		
 34 Lark Buntir	na Tane		· ·	X Dire	ctor	10% Owr 	
			Number of Reporting				
(Street) 	(Street)	 	Person, if an entity (voluntary) 	X Officer (give Other title (spec below) below			
 	CO	80127	 		an of the Board		
 (City) 	(State)	(Zip)	 TABLE I - Non-Deri	vative S	ecurities Benef	icially (
 1.Title of Security 	/ (Instr. 4)		2.Amount of Securitie Beneficially Owned (Instr. 4) 		3.Ownership Form: Direct (D) or Indirect (I)(Instr.5)	•	
 Common Stock		1	32 , 941	I	 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.,	carrs, warran	its, options, converti		
1.Title of Derivative Security (Instr. 4) 	Expiration	2.Date Exercisable and Expiration Date (Month/Day/Year)		3.Title and Amount of Underlying Derivative Security (Instr. 4)		
 	 Date Exercisable	Expiration Date	 Title	Amount or Number		
	 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/ Gerald E. Davi 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. Gerald E. Davis 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.