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	APPROVA	L
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1. Name of Reporting Person (Last, First, Middle)*			2.	Date of Event Requiring Statement (Month/Day/Year)		4. Issuer Name and Ticker or Trading Symbol								
Street Address		IRS Identification Number of Reporting Person, if an Entity (Voluntary)		5. Relationship of Reporting Person to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (Specify below)			6. If Amendment, Date Original Filed (Month/Day/Year) 7. Individual or Joint/Group Filing (Check Applicable Box)							
City	State	ZIP Code			_					Form filed by One Reporting Person Form filed by More than One Reporting Person				
				Table I - Non-Der	ivati	ive Securities Beneficially	/ Owned							
Title of Security (Instr. 4)				Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of I		ct Beneficial Ownership				
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			eneficially Owned (e.g., plus, calls, warran				
Title of Derivative Security (Instr. 4)	2. Date Exer Expiration (Month/D	Date	Title and Amount of Securities Underlying Derivati Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of shares		(I) (Instr. 5)	
Explanation of Responses:							
			**Signature of I	Reporting Person		-	Date
NOTE: File three copies of this Form, one of which must Potential persons who are to respond to the collection of **Intentional misstatements or omissions of facts consti	information c	ontained on th	nis form are not required to respond unless the form dis			Number.	

BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th St. NW, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0030), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control.

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