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LENNON MICHAEL T

Form 3

April 29, 2003 SEC Form 3

SEC FOIM 5	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB APPROVAL	
FORM 3	INITIAL STA Filed pursuant to Holding Compa	OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response 0.5					
Name and Address of Reportin Lennon, Michael T.		2. Date of Event Requiring Statement (Month/Day/Year) April 24, 2003	4. Issue Symbo	er Name and Ticker or Tr		6. If Amendment, Date of Original (Month/Day/Year)	
(Last) (First) 411 108th Avenue NE, 15th Flo	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) (voluntary) Director				7. Individual or Joint/Group Filing (Check Applicable Line) X Individual Filing Joint/Group Filing		
(Street) Bellevue, WA 98004-515			10% O				
(City) (State)	(Zip)		Officer Descrip				
Table I - Non-De	erivative Securitie	s Beneficially Owned	1	-			
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		Ownership Form: (D) Direct (I) Indirect (Instr. 5)	4. Nature of (Instr. 5)	f Beneficial Ownership	
Common			0	D			
Reminder: Report on a separate libeneficially owned directly or inc * If the form is filed by more than Instruction 5(b)(v).	lirectly.		in	and to the collection of in this form are not require form displays a currently number.	d to	,	

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Form 3 (continued)

1. Title of Derivative Security (Instr. 4) 2. Date Exercisable(DE) and Expiration Date(ED) 3. Title and Amount of of Underlying Security (Instr. 4) 4. Conversion or Exercise Price or (I) Indirect (Instr. 5) 6. Nature of Ind Beneficial Ownership (Instr. 5)		rities Beneficially Owned (e.g., tions, convertible securities)	puts, calls, warrants,		
(DE) (ED)	Title of Derivative Security (Instr. 4)	Expiration Date(ED)	Underlying Security	Form (D) Direct or (I) Indirect	Ownership

Explanation of Responses :

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** Intentional misstatements or omissions of facts /s/ Michael T. Lennon

constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is

insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

04-24-2003

** Signature of Reporting Person

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