SATRE PHILIP G

Form 3

FORM 3 ^¹	ND EXCHA	NGE COM	MISSI	ON	OMB AF	PROVAL		
		Washington, D.C. 20549					OMB Number:	3235-0104
	INITIAL S	STATEMENT OF BEI		OWNERSH	IIP OF		Expires:	January 31,
	ection 17(a) of	SECURI t to Section 16(a) of the the Public Utility Hold 0(h) of the Investment 0	Securities E	y Act of 193			Estimated a burden hou response	rs per
(Print or Type Responses	s)							
Person * Statement Â SATRE PHILIP G (Month/Day/*)		2. Date of Event Requiring Statement (Month/Day/Year) 02/21/2006	Year)				bol mendment, D	ate Original
210 NODTH CENT	Person(s) to Issuer Files 9 NORTH CENTER STREET			Filed(N	ed(Month/Day/Year)			
(Street)			(Check	all applicable)		· • •		
RENO, NV 895			X Directo Officer (give title below	Other	Owner I r ow) I	Filing(_X_ For Person For	vidual or Join Check Applical rm filed by One m filed by Mor ng Person	ble Line) e Reporting
(City) (State)	(Zip)	Table I - I	Non-Derivat	tive Securiti	ies Ben	eficia	lly Owned	l
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)	of Securities v Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owners (Instr. 5	ship	ndirect Benef	icial
Common Stock		0		D	Â			
owned directly or indire Pe in re	ctly. ersons who res formation cont quired to respo	ach class of securities benefic spond to the collection of ained in this form are no ond unless the form disp	f it	SEC 1473 (7-02	2)			
	-	MB control number.	e.g., puts, calls	, warrants, op	tions, co	nverti	ble 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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

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Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
SATRE PHILIP G 219 NORTH CENTER STREET RENO, NV 89501	ÂX	Â	Â	Â			
Signatures							
/s/ Duane E. Adams, Attorney-in-F Satre		02/21/2006					
<u>**</u> Signature of Reporting Pe		Date					
Explanation of Responses:							

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts 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.