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Kortes Ted												
Form 4	2010											
February 18, 2										OMB A	PPROVAL	
FORM	4 UNITEI) STATES	S SECUR	ITIES	Aľ	ND EXC	HA	NGE (COMMISSION	OMB		
Check this	box		Was	hingtoi	n,]	D.C. 205	549			Number:	3235-0287	
if no longer subject to Section 16. Form 4 or						NERSHIP OF	Expires: Estimated a burden hou response	rs per				
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17	7(a) of the		ility Ho	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Section 40	1		
(Print or Type Ro	esponses)											
1. Name and Ad Kortes Ted	ldress of Reportin	g Person <u>*</u>	Symbol			Ticker or T		-	5. Relationship of Issuer	Reporting Per	son(s) to	
		0.6111.)	ISABEL				' [IS]	BAJ	(Chec	k all applicable	e)	
(Last) PO BOX 100	(First)	(Middle)	3. Date of (Month/Da 01/04/20	ay/Year)	Tra	insaction			X Director Officer (give below)		b Owner er (specify	
MT. PLEAS	(Street) ANT, MI 4880)4-0100	4. If Amer Filed(Mon			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	One Reporting Pe	erson	
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	ecuri	ities Ac	quired, Disposed of	. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executi any		3.	ctio	4. Securi onAcquired Disposed (Instr. 3,	ties (A) of of (E 4 and	or))	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common	01/04/2010			S		1,000	D	\$ 18	6,515	D		
Reminder: Repo	rt on a separate li	ne for each c	lass of secur	ities ben	efic	cially own	ed dir	ectly or	indirectly.			
	·					inform require	ation ed to /s a c	contai respor	ond to the collect ined in this form a nd unless the form ly valid OMB con	are not n	EC 1474 (9-02)	
	Ta		ivative Secu , puts, calls,						eneficially Owned curities)			
1. Title of 2. Derivative Co		nsaction Dat h/Day/Year)				4. Transactic	5. nNum		Date Exercisable ar print Date	nd 7. Title an Amount o		

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			erlying rities .: 3 and 4)	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
Popo	rting Owners		Code V	 Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationsh		
		Director	10% Owner	Officer	Other
Kortes Ted PO BOX 100 MT. PLEASANT, MI	48804-0100	Х			
Signatures					
Ted Kortes	02/18/2	2010			
<u>**</u> Signature of Reporting Person	Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(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.