

FORM 3

Federal Deposit Insurance Corporation Washington, D.C. 20429

OMB APPROVAL

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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)

1. Name of Reporting Person (<i>Last, First, Middle</i>)*			2. Date of Event Requiring Statement (<i>Month/Day/Year</i>)	4. Issuer Name and Ticker or Trading Symbol	
Street Address			3. IRS Identification Number of Reporting Person, if an Entity (<i>Voluntary</i>)	5. Relationship of Reporting Person to Issuer (<i>Check all applicable</i>) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (<i>give title below</i>) <input type="checkbox"/> Other (<i>Specify below</i>) _____	6. If Amendment, Date Original Filed (<i>Month/Day/Year</i>)
City	State	ZIP Code			7. Individual or Joint/Group Filing (<i>Check Applicable Box</i>) <input type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible 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 Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of shares			

Explanation of Responses:

/s/ Jean-Pierre Lapointe, Attorney-in-fact

**Signature of Reporting Person

Date

NOTE: File three copies of this Form, one of which must be manually signed. If the space provided is insufficient, see Instruction 6 for procedure (12 C.F.R. 335.611). Potential persons who are to respond to the collection of information contained on this form are not required to respond unless the form displays a current, valid OMB Control Number.
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