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| EVANS GA Form 4 | ARY C | | | | | | | | | | |
|--|---|--|--|-------------------------|---------------------|----------|---|--|---|--|--|
| August 16, | 2005 | | | | | | | | | | |
| FORM | Λ4 | | | | | | | | OMB APPROVAL | | |
| | UNITED | STATES S | | | AND EX , D.C. 20 | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check t if no lor subject Section Form 4 Form 5 | nger STATEN to STATEN 16. or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | | Expires:January 31 2005Estimated average burden hours per response0.5 | |
| obligation may con <i>See</i> Inst 1(b). | ons ntinue. Section 17(| a) of the Pu | ublic Ut | ility Hol | | npany | y Act of | 1935 or Section | I | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> EVANS GARY C | | | 21 ibbuer i faine and i fener of frauing | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | |
| 2100 LA ROCHELLE | | (| (Month/Day/Year) 08/15/2005 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) | | | |
| | (Street) | F | | ndment, D th/Day/Yea | ate Origina r) | 1 | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M | ne Reporting Pe | rson | |
| FLOWER | MOUND, TX 750 |)22 | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-l | Derivative | Secur | ities Acqu | iired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution I any (Month/Day | n Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) | | | (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock (\$.01 par value) | 08/12/2005 | 08/12/200 | | Code V P | | (D) A | Price \$ 0.9369 | (IIIsu: 5 and 4) 208,300 | D | | |
| Common Stock (\$.01 par value) | 08/15/2005 | 08/15/200 |)5 | Р | 50,000 | A | \$ 0.88 | 258,300 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|---|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| EVANS GARY C 2100 LA ROCHELLE FLOWER MOUND, TX 75022 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Dennis W. Genge Attorney-in-Fact | 0 | 8/16/2005 | | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | | | |
| Explanation of Poononcool | | | | | | | | |

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.