## Edgar Filing: RAGEN BROOKS G - Form 4

RAGEN BE	ROOKS G											
Form 4												
June 10, 20	05											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AP	OMB APPROVAL		
	UNITED	STATES						NGE C	COMMISSION	OMB	3235-0287	
Check t	his box		Wa	shing	ton	, D.C. 2	0549			Number:		
if no lor	ger			ICEC	TNT	DENIET				Expires:	January 31, 2005	
subject	MENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated average			
Section		SECURITIES							burden hours per			
Form 4 Form 5		report to S	Section 1	6(2)	sf th	a Sacuri	tion Fr	vehana	e Act of 1934,	response	0.5	
obligatio	ons Section 17							•	1935 or Section			
may cor	iunue.			•		t Compa	· ·					
<i>See</i> Inst 1(b).	ruction	20(11)	or the h	1,0501		. compu	19 1 100	. 01 17 1				
(Print or Type	Responses)											
1. Name and	Person <sup>*</sup>	2. Issuer Name and Ticker or Trading					g	5. Relationship of Reporting Person(s) to				
RAGEN B	ROOKSG		Symbol Issuer					Issuer				
			CASCADE NATURAL GAS CORP				CORP	(Check all applicable)				
			[CGC]							······································		
(Last) (First) (Middle)			3. Date of Earliest Transaction						X_ Director 10% Owner Officer (give title Other (specify			
			(Month/I	-	ar)				Officer (give the below)	below)	(specify	
	IEW AVE NOR	TH, PO	06/06/2	2005								
BOX 2446	+											
(Street)									6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person			
ςελττι ε	, WA 98109								Form filed by Mo			
SLATILL	, WA 90109								Person			
(City)	(State)	(Zip)	Tab	le I - N	on-l	Derivative	Securi	ties Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deeme	beemed 3. 4. Securities Acquired (A)						) 5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if		ctio	nor Dispos			Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Da	Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					Beneficially Owned	Form: Direct (D)	Beneficial Ownership		
		(WOIIII/Da	ly/ I cal)	(msu.	8)				Following	or Indirect	(Instr. 4)	
							(A)		Reported	(I)		
							or		Transaction(s)	(Instr. 4)		
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	06/06/2005			Р	V	25.3485	А	\$	_ 22,526.3909	D		
Stock								19.72	5			

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form 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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addı	ess	Relationships						
F8	Director	10% Owner	Officer	Other				
RAGEN BROOKS G 222 FAIRVIEW AVE NOR PO BOX 24464 SEATTLE, WA 98109	TH X							
Signatures								
J D Wessling	06/10/2005							
<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.