FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF	CHANGES IN F	SENECIOIAL	OWNEDCHID
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OMB APP	ROVAL
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hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Derivative Security (Instr. 3) Price of Derivative Security (Security Security Securities (Month/Day/Year) Securities Security (Instr. 3) Or Disposed of (D) (Instr. 3, 4 and 5) Table Security Securities Security (Instr. 3) Or Disposed of (D) (Instr. 3, 4 and 5) Table Securities Securities Securities Securities Security (Instr. 3) Owned Following Reported Transaction(s) (Instr. 4) Table Securities Securiti						01.5	ectio	11 30(11)	or the ir	ivesimei	IL COI	прапу Аст	01 19	40					
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explanation of Responses:					C	Code	v	(A)					Title	or Nur of	mber				

- 1. The reporting person is one of five equal beneficiaries of this trust and therefore disclaims beneficial ownership of these shares except to the extent of his pecuniary interest.
- 2. Reporting person disclaims beneficial ownership of those shares, and this report shall not be an admission that he is the beneficial owner of such shares for the purpose of the Section 16 for for any other purpose.

/s/ Robert W. Sherwood attorney in fact for Paul B. Toms, Jr.

11/01/2006

** Signature of Reporting Person

Date

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

- * 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.

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 Number.