# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per response..

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. I talle and I tauress of Reporting I croon	orting Person	n(s) to								
ATKINSON KICHARD K	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner									
(Last) (First) (Middle) 21211 NORDHOFF STREET  3. Date of Earliest Transaction (Month/Day/Year)  08/24/2007	Other (s	specify below)								
Filed(Month/Day/Year)  Applicable Line)  _X_Form filed by One Rep	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person									
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Execution Date, if (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Execution Date, if (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Execution Date, if (Month/Day/Year)  (Instr. 8)  (Instr. 3, 4 and 5)  (Instr. 3, 4 and 5)  (Instr. 3 and 4)  (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)								
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection information contained in this form are required to respond unless the form di	not	SEC 1474 (9-02)								
currently valid OMB control number.										

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

	1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	<ol><li>Date Exercisals</li></ol>	ole and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
3	Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date		of Underlyi	ing	Derivative	Derivative	Ownership	of Indirect
	Security	or Exercise	(Month/Day/Year)	any	Code		Derivativ	/e	(Month/Day/Yea	r)	Securities	_	Security	Securities	Form of	Beneficial
1	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	)	Securities	s			(Instr. 3 and	d 4)	(Instr. 5)	Beneficially	Derivative	Ownership
		Derivative					Acquired	i						Owned	Security:	(Instr. 4)
		Security					(A) or							Following	Direct (D)	
		•					Disposed	d of						Reported	or Indirect	
							(D)							Transaction(s)	(I)	
							(Instr. 3,	4,						(Instr. 4)	(Instr. 4)	
							and 5)									
												Amount				
												or				
										Expiration		Number				
									Exercisable	Date		of				
					Code	V	(A)	(D)				Shares				
	Stock															
į,	Option	*							(1)		Common				_	
	(Right	\$ 0.99	08/24/2007		Α		10,000		11/24/2007(1)	08/24/2017	Stock	10,000	\$0	10,000	D	

### **Reporting Owners**

Donouting Orynor Nome / Address	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
ATKINSON RICHARD K								
21211 NORDHOFF STREET	X							
CHATSWORTH, CA 91311								

### **Signatures**

Walter McBride, Power of Attorney for Richard K. Atkinson, Reporting Person	08/28/2007
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).
- (1) Option vests quarterly over a one-year period.

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.