

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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Estimated average burden				
nours per response	e 0.5			

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)							
FOUNTAIN CAPITAL	Date of Event Statement (Mont 02/01/2007				~ .	P [TTO]	
(Last) (First) (Middle) 10801 MASTIN BOULEVARD, SUITE 222			Issuer	(Check all applicable)		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) OVERLAND PARK, KS 66210			Officer (give tit		6. Individ	lual or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting Person	
(City) (State) (Zip)	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)		2. Amount Beneficial (Instr. 4)	t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indire (Instr. 5)	ect Beneficial Ownership	
Common Shares		0		D			
Reminder: Report on a separate line for each class of so Persons who respond to unless the form display Table II - Derivative Se	o the collections a currently	on of infor valid OME	rmation contained in t 3 control number.		·		
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)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Date Exer	Expirat Crisable Date	Title	Amount or Number of Shares	Security	(D) or Indirect (I) (Instr. 5)		
Reporting Owners			Relationships		7		

1		Relationships			
Reporting Owner Name / Address		Director	10% Owner	Officer	Other
	FOUNTAIN CAPITAL MANAGEMENT LLC 10801 MASTIN BOULEVARD, SUITE 222 OVERLAND PARK, KS 66210				Affiliate of Invest. Advisor

Signatures

/s/ H. Kevin Birzer, Partner of Fountain Capital Management, L.L.C.		02/01/200
**Signature of Reporting Person		Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.