Edgar Filing: BYRNE RAYMOND F - Form 4

| BYRNE RAYMC Form 4 January 21, 2010 | OND F | | | | | | | | | | |
|---|---|-----------------|---|---|---------------------------|--|--|---|--------------------|---|-----------------------|
| FORM 4 | | | | | | | | | OMB A | PPROVA | AL. |
| | | STATES | | | | | COMMISSIO | 010 | 1B mber: | 3235 | -0287 |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | Janua average ırs per | ry 31, 2005 0.5 |
| (Print or Type Respon | nses) | | | | | | | | | | |
| 1. Name and Address BYRNE RAYMO | | Person <u>*</u> | Symbol AMER | er Name and ICAN RI SHARES | VER | - | 5. Relationship Issuer (Che | - | rting Per | | |
| (Last) (First) (Middle) 4705 WOODVIEW DR. | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/20/2010 | | | Director 10% Owner X Officer (give title Other (specify below) Pres, N Coast Bank, Div of ARB | | | | | |
| (SANTA ROSA, O | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 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) (S | State) | (Zip) | Tab | le I - Non-l | Derivative | Securities A | cquired, Disposed | of, or B | eneficia | lly Owne | d |
| | nsaction Date th/Day/Year) | Execution any | Date, if | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, 4 | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Own Form: 1 (D) or 1 (I) (Instr. 4 | Direct Indirect | 7. Nature Indirect Beneficia Ownersh (Instr. 4) | al iip |
| Reminder: Report on | a separate line | for each cl | ass of sect | urities bene: | Perso inform requir | ns who res nation cont red to resp nys a curre | or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co | n are n orm | | SEC 1474 (9-02) | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exercisable and | 7. Title and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|-----------|-----------|-------------------------|--------------|-------------|-------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | ionNumber | Expiration Date | Amount of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/Year) | Underlying | Security | Secu |

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Year) | (Instr. | 8) | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Secur (Instr | ities . 3 and 4) | (Instr. 5) | Bene Owne Follo Repo Trans (Instr | |
|------------|------------------------------------|------------------|---------|----|---|-----|---------------------|--------------------|---------------------|--|--|--|
| | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--|----------|-----------|--------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| BYRNE RAYMOND F 4705 WOODVIEW DR. SANTA ROSA, CA 95405 | | | Pres, N Coast Bank, Div of ARB | |
| Signatures | | | | |

Jiyna

/s/ Raymond F. 01/20/2010 Byrne

**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.