Edgar Filing: TREAT THERESA S - Form 4

TREAT THE	CRESA S									
Form 4										
June 24, 2011	_									
FORM	4 UNITED S	TATES SE	ECURITIES A Washington,			NGE C	COMMISSION	OMB OMB Number:	PROVAL 3235-0287	
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	CHANGES IN I SECUR tion 16(a) of the blic Utility Hold	NGES IN BENEFICIAL OWNERSHIP OF SECURITIES 16(a) of the Securities Exchange Act of 1934, Jtility Holding Company Act of 1935 or Section investment Company Act of 1940				January 31, 2005 Estimated average burden hours per response 0.5				
(Print or Type R	esponses)									
TREAT THERESA S Symbol			LOW INTERNA			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 23500 64TH	(First) (M	(M	Date of Earliest Tra Ionth/Day/Year) 5/22/2011	ansaction			Director X Officer (give below) VP of H			
			If Amendment, Da ed(Month/Day/Year)	endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
KENT, WA	98032						Form filed by M Person			
(City)	(State) (Z	Zip)	Table I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Da any	3.	4. Securit m(A) or Dis (Instr. 3, 4	ies Ac sposed	quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Common Stock	06/22/2011		А	22,715	А	\$ 4.05	96,153	D		

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)

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. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	dress	Relationships							
	Director	10% Owner	Officer	Other					
TREAT THERESA S 23500 64TH AVENUE SO KENT, WA 98032	UTH		VP of Human Resources						
Signatures									
/s/ Theresa S.									
Treat	06/24/2011								

<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.