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LENNON M Form 4											
December 0	ЛЛ	STATES	SFCU	RITIFS /	AND FY	СН	NCF	E COMMISSI			APPROVAL
		STATES		shington					•	B nber:	3235-0287
Check th if no lon subject t Section Form 4 o Form 5	CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,							January 3 Expires: 200 Estimated average burden hours per response 0			
obligatic may con <i>See</i> Instr 1(b).	ons Section 17((a) of the	Public U		lding Co	mpar	ny Act	of 1935 or Sec			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> LENNON MAX				er Name an ENERG	-	5. Relationship of Reporting Person(s) to Issuer					
(Last)		of Earliest T		-	-	(Check all applicable)					
	TIUM OF WESTE AS, POST OFFIC		(Month/I 11/30/2	Day/Year) 2004				X Director Officer (below)	give title		% Owner her (specify
	(Street)			endment, D onth/Day/Yea	-	al		6. Individual Applicable Line _X_ Form filed	e) l by One Re	porting F	Person
ASHEVILI	LE, NC 28802							Form filed Person	by More the	an One R	eporting
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Secu	rities A	Acquired, Dispose	ed of, or B	eneficia	ally Owned
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if (Instr. 3) any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownersh Form: Direct (D or Indirec (I) (Instr. 4)	ip Ind Be) Ov	Nature of direct eneficial wnership nstr. 4)	
Common Stock	11/30/2004			A	357	A	\$ 0	38,171	I	ur Di	y Trustee nder irectors' avings Plan
Common Stock								400	D		
Common Stock								952	Ι	D Re	y Trustee, ividend einvestment an

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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. Transactic Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
LENNON MAX CONSORTIUM OF WESTERN CAROLINAS POST OFFICE BOX 7666 ASHEVILLE, NC 28802	X							
Signatures								
By: Judy Z. Mayo, as Attorney-in-Fact for	12/02/200)4						
<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.