## Edgar Filing: Gomez Dave - Form 4

Gomez Dave										
Form 4	010									
October 13, 2										
FORM	4 UNITED	STATES	SECU	DITIFS /		CHANCE		Т	PPROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287	
Check this	ar.							Expires:	January 31, 2005	
if no longer subject to Section 16.				NGES IN SECUI	Estimated	Estimated average burden hours per				
Form 4 or								response	•	
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(	(a) of the H	Public U	Itility Hol	ding Con		nge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> Gomez Dave			Symbol	er Name <b>an</b> FEK INC		Trading	5. Relationship of Reporting Person(s) to Issuer			
(1 +)					(Check all applicable)					
(Last) (First) (Middle) 44 COOK STREET, SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 10/11/2010			Director 10% Owner X Officer (give title Other (specify below) below) SVP General Counsel, Secretary				
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
DENVER, C	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)								
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed of	of, or Beneficia	lly Owned	
	2. Transaction Date Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D) Price	(mout, 5 and 4)			
Reminder: Repo	rt on a separate line	e for each cla	ass of sec	urities bene	ficially own	ned directly	or indirectly.			
					infor <del>n</del> requir	nation cont ed to resp ys a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not rm	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. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 4.5	10/11/2010		А		50,000 (1)		10/11/2011	10/11/2020	Common Stock	50,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting O when Plante / Plantess	Director	10% Owner	Officer	Other				
Gomez Dave 44 COOK STREET, SUITE 400 DENVER, CO 80206			SVP General Counsel, Secr	etary				
Signatures								
Julie Pierce on behalf of Dave M.		10/13/20	010					

Gomez

\*\*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). \*\*

The option is exercisable as to shares for which the option is vested. The options shall vest with respect to 25% of the shares covered by the option on the first anniversary of the date of grant, followed by monthly vesting thereafter with respect to approximately one

(1) thirty-sixth (1/36) of the balance of the shares covered by the option, subject to accelerated vesting upon a change of control as described under the terms of the plan.

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.