Chery Don J. Form 4 May 08, 2009

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005

Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Common

Stock

05/06/2009

(Print or Type Responses)

| Chery Don J. Symbol | | | er Name and CIER BAN | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|---------------------|---|---|--|--|--|---|--|--|---|
| (Last) | (First) (I | | of Earliest Ti /Day/Year) | ransaction | | | Director | ** | Owner |
| 49 COMMO | NS LOOP | 05/06 | • | | | | X_ Officer (give below) | | |
| | | | 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 | | | |
| KALISPELL | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) Ta | ble I - Non-I | Derivative | Secur | ities Acq | uired, Disposed o | f, or Beneficial | ly Owned |
| | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed Execution Date, i any (Month/Day/Year | Code | 4. Securi on(A) or Do (Instr. 3, | ispose | d 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 Ownership (Instr. 4) |
| Common Stock | 05/06/2009 | | S | 4,000 | D | \$ 17.5 | 35,134 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

S

2,000 D

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

33,134

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | e | 7. Title and A Underlying S (Instr. 3 and | Securities | 8. P Der Sec (Ins |
|---|---|---|---|--|---|---------------------|--------------------|---|--|----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Employee Stock Option | \$ 16.67 | | | | | 01/26/2007 | 01/26/2010 | Common Stock | 7,443 | |
| Employee Stock Option | \$ 20.96 | | | | | 01/25/2008 | 01/25/2011 | Common Stock | 7,500 | |
| Employee Stock Option | \$ 23.47 | | | | | 01/31/2009 | 01/31/2012 | Common Stock | 5,000 | |
| Employee Stock Option | \$ 18.19 | | | | | 01/30/2010 | 01/30/2013 | Common Stock | 6,000 | |
| Employee Stock Option | \$ 15.37 | | | | | 01/28/2011 | 01/28/2014 | Common Stock | 4,000 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| FG - ··· | Director | 10% Owner | Officer | Other | | |
| Chery Don J. 49 COMMONS LOOP KALISPELL, MT 59901 | | | EVP/CAO | | | |

Signatures

| Don J. Chery | 05/07/2009 | | | |
|----------------|------------|--|--|--|
| **Signature of | Date | | | |

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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.