



Edgar Filing: SELIGMAN NAOMI O - Form 3

Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)
		Title			

## Reporting Owners

**Reporting Owner Name / Address**

**Relationships**

Director 10% Owner Officer Other

SELIGMAN NAOMI O  
 C/O DELPHI ASSET MANAGEMENT CORP.  
 6005 PLUMAS STREET, #202  
 RENO, NV 89509

    X                    

## Signatures

/s/Barbara R. Wallace by Barbara R. Wallace, Attorney in Fact for Naomi O. Seligman (POA filed 11/10/05)

11/10/2005

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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.