FORM 4

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

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					Act of 17-										
								1.		an :					
1. Name and Address of Reporting Person * Coleman Aaron									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 17150 SOUTH MARGAY AVENUE					ction (Mont	ı/Day	/Year)	X	X Officer (give title below) Other (specify below) Chief Operating Officer						
(Street)					riginal Filed	(Month	/Day/Year)		6. Individual or Joint/Group Filing(Check Applicable Line)						
CARSON, CA 90746											_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Zip)		Table I - Non-Derivative Secu							, Disposed	of, or Bene	ficially Own	ed			
le of Security r. 3) 2. Transaction Date (Month/Day/Year		Execution Date, if			Code Instr. 8)		(A) or Disposed of (Dinstr. 3, 4 and 5)		O) Owned Following Report Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
n class of securitie	es benefic	ially	owned di	rectl	y or indirec	tly.									
					in thi	s for	m are not re	quired t	o respond	unless the		ned SEC	1474 (9-02)		
Table I									vned						
Security or Exercise (Month/Day/Year) any		ction	5. Number of Derivative Securities Acquired (A) or Disposed of		Expiration Date Am (Month/Day/Year) Und Sec			7. Title Amount Underly Securiti	of ing es	Derivative Security	Derivative Securities Beneficially Owned Following Reported	Owners Form o Derivat Securit Direct (Ownersh (Instr. 4)		
			(D)						Amount			(s) (I)			
	Code	V	(A)	(D)		e	Expiration Date	Title	or						
	A		40,000		12/07/20	12 ⁽²⁾	12/06/2021		140 000	\$ 0	475,000	D			
1	n	-1-4	1				7								
Reporting Owner Name / Address Director 10%						Other	r								
	Chief Operating (g Officer										
ses:															
of facts constitute Network, Inc. 20	Federal C 07 Omnib	rimi us In	nal Violat	lan.						res vest and	become exe	rcisable the	reafter in a		
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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.