## Edgar Filing: KIRCHNER GERHARD F - Form 4

| KIRCHNER                                                                                                                | GERHARD F                          |                      |                                                      |                           |                                                                          |                                                                                |                                                                                                                    |                                                                                                         |                                             |          |  |  |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|------------------------------------------------------|---------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------|----------|--|--|
| Form 4                                                                                                                  |                                    |                      |                                                      |                           |                                                                          |                                                                                |                                                                                                                    |                                                                                                         |                                             |          |  |  |
| August 18, 20                                                                                                           |                                    |                      |                                                      |                           |                                                                          |                                                                                |                                                                                                                    |                                                                                                         |                                             |          |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549                                          |                                    |                      |                                                      |                           |                                                                          |                                                                                |                                                                                                                    | PROVAL<br>3235-0287                                                                                     |                                             |          |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or                                                |                                    |                      |                                                      | GES IN I<br>SECUR         | BENEFI<br>ITIES                                                          | Expires:January 31<br>2005Estimated average<br>burden hours per<br>response0.5 |                                                                                                                    |                                                                                                         |                                             |          |  |  |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).                                                         | inue. Section 1                    | 7(a) of the l        | Public Ut                                            |                           | ling Com                                                                 | pany                                                                           | Act of                                                                                                             | e Act of 1934,<br>E 1935 or Section<br>0                                                                | n                                           |          |  |  |
| (Print or Type R                                                                                                        | Responses)                         |                      |                                                      |                           |                                                                          |                                                                                |                                                                                                                    |                                                                                                         |                                             |          |  |  |
| KIRCHNER GERHARD F Symbo<br>URAN<br>(Last) (First) (Middle) 3. Date<br>(Month<br>PO BOX 196 08/14,<br>(Street) 4. If An |                                    |                      | Symbol                                               | Name and                  |                                                                          | ·                                                                              | -                                                                                                                  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                           |                                             |          |  |  |
|                                                                                                                         |                                    |                      |                                                      |                           |                                                                          | /IXI . [                                                                       | UKZJ                                                                                                               |                                                                                                         |                                             |          |  |  |
|                                                                                                                         |                                    |                      | (Month/D<br>08/14/20                                 | ay/Year)                  | ansaction                                                                |                                                                                |                                                                                                                    | _X_ Director<br>Officer (give<br>below)                                                                 | title 10% Owner<br>Other (specify<br>below) |          |  |  |
|                                                                                                                         |                                    |                      |                                                      | ndment, Da<br>th/Day/Year | -                                                                        |                                                                                |                                                                                                                    | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |                                             |          |  |  |
| MONT NEE                                                                                                                | 80, A9 S0J 1X                      | 0                    |                                                      |                           |                                                                          |                                                                                |                                                                                                                    | Form filed by M<br>Person                                                                               | Iore than One Re                            | porting  |  |  |
| (City)                                                                                                                  | (State)                            | (Zip)                | Tabl                                                 | e I - Non-D               | erivative S                                                              | Securi                                                                         | ties Aca                                                                                                           | uired, Disposed of                                                                                      | or Beneficial                               | lv Owned |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                    | 2. Transaction D<br>(Month/Day/Yea | ar) Execution<br>any | ned 3. 4. Securit<br>n Date, if Transaction(A) or Di |                           | ecurities Acquired<br>or Disposed of (D)<br>tr. 3, 4 and 5)<br>(A)<br>or |                                                                                | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)                                    | 7. Nature of                                |          |  |  |
| Common<br>Shares                                                                                                        | 08/14/2009                         |                      |                                                      | Code V<br>M               | Amount 37,500                                                            | (D)<br>A                                                                       | Price<br>\$<br>0.65                                                                                                | 372,122                                                                                                 | D                                           |          |  |  |

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)

## Edgar Filing: KIRCHNER GERHARD F - Form 4 2. 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** (Month/Day/Year) or Exercise any Code Securities Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of

|                            |         |            |      |   | (Instr. 3, 4, and 5) |        |                     |                    |                  |                                     |
|----------------------------|---------|------------|------|---|----------------------|--------|---------------------|--------------------|------------------|-------------------------------------|
|                            |         |            | Code | V | (A)                  | (D)    | Date<br>Exercisable | Expiration<br>Date | Title            | Amount<br>or<br>Number<br>of Shares |
| Common<br>Share<br>Options | \$ 0.65 | 08/14/2009 | М    |   |                      | 37,500 | 01/05/2009          | 11/06/2015         | Common<br>Shares | 37,500                              |

(D)

## **Reporting Owners**

Security

1. Title of

Derivative

Security

(Instr. 3)

| Reporting Owner Name / Addro                              | ess        | Relationships |         |       |  |  |  |  |  |
|-----------------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|--|
|                                                           | Director   | 10% Owner     | Officer | Other |  |  |  |  |  |
| KIRCHNER GERHARD F<br>PO BOX 196<br>MONT NEBO, A9 S0J 1X0 | X          |               |         |       |  |  |  |  |  |
| Signatures                                                |            |               |         |       |  |  |  |  |  |
| Gerhard F.<br>Kirchner                                    | 08/18/2009 |               |         |       |  |  |  |  |  |
| **Signature of                                            | 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.

Reporting Person

7. Title and Amount of

**Underlying Securities** 

(Instr. 3 and 4)