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

(Print or Ty	pe Response	s)																	
	d Address of ON CURT	f Reporting Po IS A	erson*		ssuer Nan MMUN					٠,		[JC		X_ Direct		oorting Perso eck all appli			
PO BOX	777, S M	(First) AIN ST	(Middle)		ate of Earl 15/2017	iest	Tran	sactio	on (N	Ionth/Da	y/Year)		-	Office	r (give title belo	ow)	Other (specify belo	ow)
		(Street)		4. If	Amendmo	ent,	Date	Origi	inal F	Filed(Mont	h/Day/Ye	ar)		X_Form fil	ual or Joint/0 ed by One Repo	orting Person		**	Line)
HECTOI (City	R, MN 553	(State)	(7in)																
(City)	(State)	(Zip)			Ta	able I	- No	n-De	rivative	Securit	ies A	Acquir	ed, Dispo	osed of, or I	Beneficially		ed	
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	Execu any	eemed ition Date,		3. Tr Code (Instr	,	tion	4. Secur (A) or E (Instr. 3	isposed	of ((D)	Beneficia Reported	nt of Securit ally Owned I Transaction	Following	Form	n: o	. Nature f Indirect eneficial
				(Mont	th/Day/Ye	ar)	Со	de	V	Amount	(A) or (D)	Pı	rice	(Instr. 3 a	and 4)			direct (1	ownership Instr. 4)
Common	Stock													26,114			I		By pouse
Common	Stock													430,000	0		I	E	By Trust
Common	Stock		03/15/2017				F	•		1,100	A	\$ 4.4	146	625,823	3		D		
Common	Stock		03/15/2017				F)		1,100	A	\$ 4.5	5499	626,923	3		D		
Reminder:	Report on a s	separate line f	for each class of secu Table II -	Deriv	ative Secu	ıriti	ies Ac	equir	Per con the	sons what stained in form die Disposed	no responding this splays	forn a c	n are urren ficially	not requ tly valid	ction of inf uired to res OMB conf	spond unle		SEC 14	174 (9-02)
1 Title of	2	2 Tuomas atis		` ' '	outs, calls	_		ts, op	1				T	la and	Q Dries of	O. Nivershore	of 1	0	11 Notan
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day	Execution D	ate, if	Code	on	5. Numof Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	vative rities ired r osed)	and (Me	Oate Exer I Expirati onth/Day	on Date		Amou Unde Secur	rlying ities . 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y C F S S C o n(s) (I	O. Ownership Form of Derivative Security: Direct (D) or Indirect I) Instr. 4)	Beneficia Ownershi (Instr. 4)
					Code	V	(A)	(D)	Dat Exe	te ercisable	Expira Date	tion	Title	Amount or Number of Shares					

Reporting Owners

D (O N /		Relationsl	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
SAMPSON CURTIS A PO BOX 777 S MAIN ST HECTOR, MN 55342	X			

Signatures

Suzette McNally, Attorney-in-Fact for Curtis A. Sampson	03/16/2017	7	7	,																														7	,			7	Ì												,				,	,	,	,	,	,	,	,		,	,															
**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).

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.