

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

OMB APPROVAL				
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nours per respons	e 0.5			

INITIAL STATEMENT OF 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

PRIOR LAKE, MN 55372 Comptroller Comptr	(Print or Type Responses)						
4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Amendment, Date Original Filed(Month/Day/Year)	1 6	Statement (Month/Day/Year)		~ ·			
PRIOR LAKE, MN 55372 Director X 10% Owner X Other (specify below) X Form filed by One Reporting Person Form filed by More than One Reporting I Y Form: Direct (Instr. 4) SEC 147		09/02/2003	Issuer	Issuer (Check all applicable) Director		Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line)	
1. Title of Security (Instr. 4) 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (I) (Instr. 5) None 0 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security 2. Date Exercisable 3. Title and Amount of 4. Conversion 5. Ownership 6. Nature of Indirect Beneficial Ownership (Instr. 5)	, /		Director Officer (give title below)				
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)	(City) (State) (Zip)	Tal					
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)	· ·	Beneficially Owned (Instr. 4) (I)		Form: Direct D) or Indirect I)			
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative Security 2. Date Exercisable 3. Title and Amount of 4. Conversion 5. Ownership 6. Nature of Indirect Ber	None	0		D			
1	Persons who respondence of the form distribution of the form distributi	nd to the collection of inform plays a currently valid OMB	mation contained in the control number.		·		
(Month/Day/Year) Security Price of Derivative (Instr. 5) (Instr. 4) Price of Derivative Security: Direct	Instr. 4) and Expiration Date (Month/Day/Year) Securities Ur Security		les Underlying Derivative	or Exercise Price of Derivative	Form of Derivative Security: Direc		
Date Expiration Date Title Amount or Number of Shares Security (D) or Indirect (I) (Instr. 5)		Title A		er of Security	Security	(I)	

Reporting Owners

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
HERZOG DANIEL R 5689 CROSSANDRA STREET SE PRIOR LAKE, MN 55372				Comptroller

Signatures

/s/ Daniel R. Herzog	09/04/2003
**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.