Edgar Filing: LAMBERT LEO F - Form 4/A

| LAMBERT I Form 4/A | LEO F | | | | | | | | | | |
|--|---|--|---|--|------------|------------------------|-------------|---|--|---|--|
| May 18, 2010 | 1 | | | | | | | | | APPROVAL | |
| | UNITED | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | |
| Check this if no longer subject to Section 16. Form 4 or | er STATEN 6. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | January 31, 2005 d average iours per e 0.5 | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | Inue. Section 17(| a) of the l | Public U | | lding Co | mpar | ny Act o | ge Act of 1934, f 1935 or Secti 40 | | | |
| (Print or Type R | lesponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> LAMBERT LEO F | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | CITIZI [CZNC | ENS & N([] | ORTHE | RN C | CORP | (Check all applicable) | | | | | |
| (Last) (First) (Middle) PO BOX 345 | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2010 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 05/14/2010 | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| DUSHORE, PA 18614 | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tab | ole I - Non-J | Derivativ | e Secu | rities Ac | quired, Disposed | of, or Benefic | cially Owned | |
| | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D: | Date, if | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 02/12/2010 | 05/14/20 |)10 | Р | 19 | А | \$ 10.31 | 7,831 | D | | |
| Common Stock | | | | | | | | 1,250 | Ι | By Corporation | |

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title Amoun Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | lips | | | | |
|--|------------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| LAMBERT LEO F PO BOX 345 DUSHORE, PA 18614 | Х | | | | | | |
| Signatures | | | | | | | |
| Jessica R. Brown for Leo F. La 8/23/07. | 05/18/2010 | | | | | | |
| **Signat | | 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).

Remarks:

This Form 4 amendment is being filed to correct the total number of shares purchased and the total number of shares held dire

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.