Edgar Filing: DOMEC MICHAEL D - Form 4

DOMEC MI	CHAEL D										
Form 4											
April 01, 201	0										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi	s box		vvas	sington,	D.C. 205	+9				January 31,	
if no long	NIA I H	EMENT O	F CHAN	GES IN I	BENEFIC	TAL	OWN	JERSHIP OF	Expires:		
subject to STATEMENT OF CL. Section 16.				CHANGES IN BENEFICIAL OWNER SECURITIES					Estimated average		
Form 4 or				~~~~~					burden hours per response 0		
Form 5	Filed p	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligatior may conti	Section 1	7(a) of the	Public U	ility Hold	ling Comp	any A	Act of	1935 or Section	ı		
See Instru		30(h)	of the In	vestment	Company	Act	of 194	0			
1(b).											
(Print or Type R	(esponses)										
(I find of Type R	(esponses)										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relations						5. Relationship of	Reporting Person(s) to				
DOMEC MI	Symbol					Issuer					
	•	AN REST	ΓAURAN'	TS IN	NC						
			[CASA]					(Check	k all applicable)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			_X_ Director	_X_ 10%	Owner	
C			(Month/D	(Month/Day/Year)				Officer (give title Other (specify below) below)			
	OSPACE AVE	., SUITE	03/31/2	010				below)	UCIOW)		
400											
			4. If Ame	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mor	th/Day/Year))			Applicable Line) _X_ Form filed by One Reporting Person			
HOUSTON	TV 77024							Form filed by M			
HOUSTON,	1A //034							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	ecuriti	es Acqu	ired, Disposed of	, or Beneficiall	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Deer	ned	3.	4. Securitie	s Acqu	uired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea	n Date, if Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect			
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5)				Beneficially Owned	Form: Direct Benef			
		(Ivionui/I	Day/Year) (Instr. 8)				Following	(D) or Indirect (I)	Ownership (Instr. 4)		
						(A)		Reported	(Instr. 4)	· · ·	
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(1150.5 and 4)			
Common	03/31/2010			Р	113,458	А	\$	1,489,219	D		
Stock							2.45				

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	ress	Relationships						
Treporting of the reader rade	Director	10% Owner	Officer	Other				
DOMEC MICHAEL D 12000 AEROSPACE AVE SUITE 400 HOUSTON, TX 77034	X	Х						
Signatures								
/s/ Michael D. Domec	04/01/2010							
<u>**</u> 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.