### Edgar Filing: FELTES KAREN S - Form 4/A

FELTES KAP Form 4/A	REN S										
January 06, 20	011										
	Л								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this if no longe	r					~			Expires:	January 31, 2005	
subject to Section 16 Form 4 or	SIAIE	TEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES							Estimated average burden hours per response		
Form 5 obligations may contir <i>See</i> Instruct 1(b).	Section 17	7(a) of the		lity Holdi	ng Com	pany	Act of	e Act of 1934, 1935 or Section 0	I		
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> FELTES KAREN S							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					)			
1411 E MISSION AVE 01/03/2 (Street) 4. If Am Filed(Mo 01/05/2			(Month/Day/Year) 01/03/2011					Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
			Filed(Month	If Amendment, Date Original led(Month/Day/Year) 1/05/2011				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
SPOKANE,	WA 99202							Person	ore than one Rej	Jorting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) 2A. De Execut any (Month			(A)			d of (D)	5. Amount of Securities6.BeneficiallyForm: DirectOwned(D) orFollowingIndirect (I)Reported(Instr. 4)Transaction(s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock - Restricted Shares (1)	01/03/2011			F	1,135 (2)	D	\$ 22.78	8,816	D		
Common Stock held in 401(k) Investment Plan								699	I	by Trustee	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	inc	of		
				Code V	(A) (D)				Shares		
				cout v	(II) (D)				Shures		

## **Reporting Owners**

Reporting Owner Name / Address	5			
	Director	10% Owner	Officer	Other
FELTES KAREN S 1411 E MISSION AVE SPOKANE, WA 99202			Senior Vice President	
Signatures				
/s/ Karen S	1/06/2011			

\*\*Signature of Date Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

01/06/2011

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Correction to previous filing to reflect only the shares sold to pay income tax on shares which vested on 1/3/2011. Restricted shares reported on previous Form 4.
- (2) Shares withheld to pay income tax on restricted shares which vested on 01/03/2011.

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.

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