File Number:	
08-4-1249	
For the reporting period ended	
December 31. 2002	



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

OMB APPROVAL			
OMB Number:	3235-0337		
Expires:	July 31, 2003		
Estimated average burden			
hours per full response 6.00			
Estimated average burden			
hours per interm	ediate		
response	1.50		
Estimated average burden			
hours per minim	um		
response			

		FORM '	TA-2		
RE	FORM FOR RE GISTERED PURSUANT TO	PORTING ACTIVI SECTION 17A OF			
	CO	FENTIONAL MISS NSTITUTE FEDER 18 U.S.C. 1001 and	RAL CRIMINAL V		vs.
	all name of Registrant as stated in Q o not use Form TA-2 to change name or add		:	MAR 3 1	2003
		FIC RESOURCES	*		
. a.	During the reporting period, has the (Check appropriate box.)	e Registrant engaged a s	service company to per	form any of its	transfer agent function
	☐ All	Some	☐ None		
Ъ.	If the answer to subsection (a) is company(ies) engaged:	s all or some, provide	the name(s) and trans	sfer agent file	number(s) of all service
	Name of Transfer Agent(s):			File No. (be	ginning with 84- or 85-):
	WELLS FARGO BANK	MINNESOTA N.	Α	84-	
					PROCESSED
				1	APR 15 2003
. •				<u>'</u>	THOMSON FINANCIAL
c.	During the reporting period, has the transfer agent functions?	ne Registrant been engag	ged as a service compa	ny by a named	transfer agent to perform
	Yes	₩ No			•
d.	If the answer to subsection (c) is you Registrant has been engaged as a subsection (c) is you complete and attach the Supplemental the Supplemental	es, provide the name(s) a service company to perfo	and file number(s) of the		
	Name of Transfer Agent(s):			File No. (beg	ginning with 84- or 85-):
	<u> </u>			NAX	

3.	a.	a. Registrant's appropriate regulatory agency (ARA): (Check one box only.) Comptroller of the Currency Federal Deposit Insurance Corporation Board of Governors of the Federal Reserve System Securities and Exchange Commission						
	b.			e Registrant amended ne inaccurate, incom				which
			mendment(s) o file amendment(s ble)				
	c.	If the answer to	subsection (b) is n	o, provide an explar	uafion:			
		If	the response to a	ny of questions 4	-11 below is nor	ne or zero, enter	"0."	
4.	Nu	mber of items re	ceived for transfer	during the reporting	period:	*******************************		30
5.	. a. Total number of individual securityholder accounts, including accounts in the Direct Registration System (DRS), dividend reinvestment plans and/or direct purchase plans as of December 31:)6_		
	b. Number of individual securityholder dividend reinvestment plan and/or direct purchase plan accounts as of December 31:					32_		
	c.	Number of indi	ividual securityhold	er DRS accounts as	of December 31:	***************************************	·····	0_
	d.	Approximate p December 31:	ercentage of indivi	dual securityholder	accounts from sub-	section (a) in the fo	llowing categories	as of
		Corporate Equity Securities	Corporate Debt Securities	Open-End Investment Company Securities	Limited Partnership Securities	Municipal Debt Securities	Other Securities	
		100%	0	0 .	0 .	0	0	
6.	Nu	mber of securitie	es issues for which	Registrant acted in the	ne following capaci	ties, as of December	r 31:	
			1	_ '				1

- a. Receives items for transfer and maintains the master securityholder files:
- b. Receives items for transfer but does not maintain the master securityholder files:
- c. Does not receive items for transfer but maintains the master securityholder files:

	rporate curities	Open-End Investment Company	Limited Partnership Securities	Municipal Debt Securities	Other Securities
Equity	Debt	Securities			
0	0	0	0 .	0	0
0	0	0 .	0 .	0	0
3	0	0	0	0	0

7. Se æ:	cope of certain additional types of activities performed: Number of issues for which dividend reinvestment plan and/or	direct purchase plan	
	services were provided, as of December 31:		
b.	. Number of issues for which DRS services were provided, as or		
c.	1 2 3 3		
	i. number of issues		
	ii. amount (in dollars)		24,4/9,96/.
3. a.	Number and aggregate market value of securities aged record December 31:	Prior	ore than 30 days, as of Current
		Transfer Agent(s) (If applicable)	Transfer Agent
	i. Number of issues	0	0
	ii. Market value (in dollars)	0	0
b.	Number of quarterly reports regarding buy-ins filed by the Re SEC) during the reporting period pursuant to Rule 17Ad-11(c)		
c.	During the reporting period, did the Registrant file all quarters (including the SEC) required by Rule 17Ad-11(c)(2)?	y reports regarding buy-ins	s with its ARA
,	☐ Yes Yo		
d.	. If the answers to subsection (c) is no, provide an explanation f	or each failure to file:	
	WE HAD NO BUY-INS DURING T	THIS PERIOD.	
		······································	
			·
. a.	During the reporting period, has the Registrant always been in as set forth in Rule 17Ad-2?	compliance with the turna	round time for routine items
	∑ Yes □ No		
	If the answer to subsection (a) is no, comp	lete subsections (i) throug	gh (ii).
	i. Provide the number of months during the reporting period compliance with the turnaround time for routine items acc		
	ii. Provide the number of written notices Registrant filed during SEC and with its ARA that reported its noncompliance with items according to Rule 17Ad-2.	th turnaround time for rout	ine
	umber of open-end investment company securities purchases and id distribution postings, and address changes processed during the Total number of transactions processed:	e reporting period:	·
a. b.			

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	ch Number of Lost Number of Different Securityholder Accounts Addresses Obtained from Submitted for Database Database Search Search			
06/21/02	203	75		

b.	Number of lost securityholder accounts that have been remitted to states during the	
	reporting period:	62

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: MANAGER, SHAREHOLDER RELATIONS
Copuld 1./ Jams	Telephone number: (775) 834-3457
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year):
DONALD V. SIMS	03/28/03