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GOODFELL Form 4 January 24, 2	OW STUART 013									
FORM	Δ								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMI Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Section 16.				GES IN BENEFICIAL OWN SECURITIES				Expires: Estimated a burden hou	rs per	
Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	Filed purs s Section 17(a) of the Publi		ding Com	ipany	Act of	ge Act of 1934, f 1935 or Sectio 40	n response	0.5	
(Print or Type R	esponses)									
GOODFELLOW STUART Symbol CHOICI			ssuer Name and ool DICEONE FI VICES INC	NANCIA		g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 16101 FRUI	(First) (M T RIDGE NW	(Mor	te of Earliest Tr hth/Day/Year) 3/2013	ransaction			X Director Officer (give below)		Owner er (specify	
(Street) 4. If Amer Filed(Mont				te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
KENT CITY	7, MI 49330							Aore than One Re		
(City)	(State) (2	Zip)	Fable I - Non-E	Derivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Data	Code ear) (Instr. 8)	on(A) or Di (D)	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	01/23/2013		А	250	А	\$ 14.4	70,547	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 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. Transactio Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addres	s	Relationships						
	Director	10% Owner	Officer	Other				
GOODFELLOW STUART 16101 FRUIT RIDGE NW KENT CITY, MI 49330	Х							
Signatures								
/s/ Stuart Goodfellow 0	1/23/2013							
<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.