FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address Fielkow Jeffre				Event Requir t (Month/Day/			Name <b>and</b> Ticker or Trading Syml	nbol						
(Last) 38505 WOODWA	(First) LRD AVE., SUITE	(Middle)				4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BLOOMFIELD HILLS	MI	48304				A	Officer (give title below)		her (specify I	below)	6. Indi	Form filed by C	ip Filing (Check Applicable Line) ine Reporting Person lore than One Reporting Person	
(City)	(State)	(Zip)												
Table I - Non-Derivative Securities Beneficially Owned														
1. Title of Security (Instr. 4)				. Amount Owned (Ins	of Securities Beneficially str. 4)	Direc	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
Ex		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underly Security (Instr. 4)		erlying D	C		ion	5. Ownership Form: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Expirati		Title		Amou Numbe Shares		Price of Derivative Security		(Instr. 5)			

Explanation of Responses:

Remarks:

Exhibit 24.1 Power of Attorney

No securities are beneficially owned.

Paul A. Swart, as attorney-in-fact

03/09/2023

\*\* Signature of Reporting Person

Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (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).

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that the undersigned hereby constitutes and appoints Jodi Robin and Paul A. Swart as the true and lawful attorn. The undersigned acknowledges that the foregoing attorneys-in-fact, and each of them, in serving in such capacity at the request of the undersigned acknowledges.

/s/ Jeffrey A. Fielkow Jeffrey A. Fielkow 2/26/2003