Edgar Filing: Walljasper William J - Form 4

Walljasper V Form 4	Villiam J										
October 01,	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL					
Chaols th	Washington, D.C. 20549						Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							January 31, 2005 Estimated average burden hours per response 0.5				
(Print or Type	Responses)										
1. Name and A Walljasper	Address of Reporting William J	Person <u>*</u>	Symbol	Name and			-	5. Relationship of Issuer (Check	Reporting Pers		
(Last) ONE CON BOX 3001	(First) (N	/liddle) D., PO	3. Date of (Month/D 10/01/20	-	ansaction			Director X Officer (give below) Senio		o Owner er (specify	
ANKENY,	(Street)			ndment, Dat th/Day/Year)	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M	one Reporting Pe	erson	
(City)		(Zip)				~		Person			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A.1.Title of (Month/Day/Year)2. Transaction Date Execution any		2A. Deer Execution any		(A)			cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock				Code V	Amount	or (D)	Price	(Instr. 3 and 4) 4,616 (1)	I	Voting and tender rights under KSOP	
Common Stock	10/01/2008	10/01/2	008	М	1,000	А	\$ 14.93	1,000	D		
Common Stock	10/01/2008	10/01/2	008	S <u>(3)</u>	1,000	D (3)	\$ 30.52	0	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. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option - right to buy (2)	\$ 11.74					05/24/2002	05/24/2011	Common Stock	3,000
Option - right to buy (2)	\$ 14.08					06/06/2006	06/06/2013	Common Stock	10,000
Option - right to buy <u>(2)</u>	\$ 20.68					07/05/2010	07/05/2015	Common Stock	10,000
Option - right to buy <u>(2)</u>	\$ 26.92					06/25/2010	06/25/2017	Common Stock	10,000
Option - right to buy (2)	\$ 14.93	10/01/2008	10/01/2008	М	1,000	07/26/2000	07/26/2009	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Walljasper William J ONE CONVENIENCE BLVD. PO BOX 3001 ANKENY, IA 50021			Senior VP and CFO					

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Signatures

William J. Noth, under power of attorney dated 8/16/04

<u>**</u>Signature of Reporting Person

Date

10/01/2008

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).
- (1) Allocated to Mr. Walljasper's KSOP account as of April 30, 2008. Does not include any shares allocated by KSOP trustee after that date.
- (2) Pursuant to terms and conditions of 2000 Stock Option Plan (or predecessor plan)
- (3) Consisting of shares acquired upon exercise of stock options. See Table II.

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.