FORM 4	
Check this box if no	

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)										
1. Name and Address of Reporting Person - 2. Issuer Name and Tick IMHOFF HERBERT F JR GENERAL EMPLOY [JOB] [JOB]					•••		NC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director10% Owner X_Officer (give title below) Other (specify below)		
ONE TOWER LANE, STE 22	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/25/2006						CEO		
(Street) OAK BROOK TERRACE, IL						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Yes		(Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		of (D)	Transaction(s) For		7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	v				× ,	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
COMMON STOCK								439,324	Ι	BY TRUST
COMMON STOCK								10,161	I	AS TRUSTEE FOR SON

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 SEC 1474 (9-02) 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		Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exerc		7. Title and A			9. Number of		11. Nature
	Conversion		Execution Date, if					Expiration Da		Underlying Se				Ownership	
		(Month/Day/Year)		Code		Derivativ		(Month/Day/	Year)	(Instr. 3 and 4)				Beneficial
	Price of		(Month/Day/Year)	(Instr. 8)	Securitie								Derivative	
	Derivative Security					Acquired (A) or	1							Security: Direct (D)	(Instr. 4)
	Security					Disposed	lof							or Indirect	
						(D)	101						Transaction(s)		
						(Instr. 3,	4,							(Instr. 4)	
						and 5)	ŕ						× /	· /	
											Amount				
									Expiration	Title	or				
				C. 1.	v			Exercisable	Date		Number				
				Code	v	(A)	(D)				of Shares				
STOCK															
OPTION										COMMON					
(RIGHT	\$ 2.45							07/30/2001	07/29/2011	STOCK	50,000		50,000	D	
TO										STOCK					
BUY)															
STOCK															
OPTION										GO1 0 1011					
(RIGHT	\$ 0.86							08/05/2002	08/04/2012	COMMON STOCK	102 193		102,193	D	
TO	\$ 0100							00/00/2002	00/01/2012	STOCK	102,190		102,190	2	
BUY)															
STOCK															
OPTION										COMMON					
(RIGHT	\$ 1.63	09/25/2006		Α		20,000		09/25/2007	09/24/2016	STOCK	20,000	\$ 0	20,000	D	
TO										brook					
BUY)															
STOCK															
OPTION															
(RIGHT	\$ 1.63	09/25/2006		А		20,000		09/25/2008	09/24/2016	COMMON	20,000	\$ 0	20,000	D	
TO	φ 1.05	03/20/2000		11		20,000		05/20/2000	05/21/2010	STOCK	20,000	ΨŪ	20,000	5	
BUY)															
BUI)															

Reporting Owners

Demosting Opener Name (Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
IMHOFF HERBERT F JR ONE TOWER LANE STE 2200 OAK BROOK TERRACE, IL 60181	х		CEO					

Signatures

HERBERT F. IMHOFF, JR.	09/27/2006
**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.