FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG

OMB APPROVAL OMB Number:

Check this bo	x if no longer subject to
Section 16. Fo	orm 4 or Form 5
obligations ma	ay continue. See
Instruction 1/h	ນ້

Section obligati	this box if no lo n 16. Form 4 or ions may contir tion 1(b).		STA		d pursi	uant	to Sectio	on 16(a)) of the S	Securi	NEFICIA	ge Act o			SHIP	Est		nber: average bur response:	3235-0287 rden 0.5	
	nd Address of	Reporting Person*			2. Is	suer	Name a	nd Tick	ker or Tr	ading	Symbol				Relationshi neck all app Direc	olicable)	rting P		Owner	
	,	VESTORS, LLC	(Middle)			ate o		t Trans	saction (I	Month	n/Day/Year)				Offic belov	er (give tit w)	le	Other below	r (specify v)	
Street) BOSTON	N M	Α (02199 (Zip)		4. If	Ame	endment,	Date o	of Origina	al File	d (Month/Da	ay/Year)		Line	e) Forn	n filed by 0 n filed by 1	one Re	ing (Check eporting Per nan One Re	rson	
		Tabl	le I - No	on-Deriv	ative	Se	curitie	s Ac	quired	I, Dis	sposed o	f, or E	Bene	ficial	ly Owne	ed				=
. Title of Security (Instr. 3)			2. Transac Date (Month/Da		Ex if:	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired (A) o Of (D) (Instr. 3, 4 a			5. Amou Securiti Benefic Owned Reporte	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	r P	rice	Transac (Instr. 3	tion(s)			(mau. 4)	
Common	Stock, \$.01	par value		12/14/2	2005				S		33,363	D	\$	524.82	5,	,990			See footnote.(1)	
		Та	able II -								osed of, convertib				Owned					
. Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I	med on Date,	4. Transa Code (8)	ction	5. Nu	mber ative rities ired cosed		Exerc ion Da	isable and	7. Title Amou Securi Under Deriva Securi and 4)	and nt of ties ying tive	8	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	_
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber						
	nd Address of	Reporting Person*		·			·													
		(First) VESTORS, LLC AVENUE	,	ddle)																
Street) BOSTON	J	MA	02	199		_														
(City)		(State)	(Zip))																
		Reporting Person*	SSET I	PARTN	ERS															
<u>LP</u>					_															

(City) (State)

1. Name and Address of Reporting Person*

MA

(First)

C/O SANKATY INVESTORS, LLC 111 HUNTINGTON AVENUE

(Last)

(Street) **BOSTON**

SANKATY HIGH YIELD ASSET INVESTORS **LLC**

(Middle)

02199

(Last)	(First)	(Middle)
C/O SANKAT	Y INVESTORS, L	LC
111 HUNTING	TON AVENUE	
(Street)		
BOSTON	MA	02199
,		
(City)	(State)	(Zip)
(Last)	(First)	(Middle)
` ′	TON AVENUE	(middle)
-		
(Street)		
(Street) BOSTON	MA	02199
` ′	MA	02199

Explanation of Responses:

1. Mr. Jonathan S. Lavine, as the sole managing member of Sankaty Investors, LLC ("Sankaty Investors"), Sankaty Investors, as the sole managing member of Sankaty High Yield Asset Investors, LLC ("Sankaty Asset Investors") and Sankaty Asset Investors, as the sole general partner of Sankaty High Yield Asset Partners, L.P. ("Sankaty Partners"), may each be deemed to share voting and dispositive power with respect to the shares held by Sankaty Partners. Mr. Lavine, Sankaty Investors and Sankaty Asset Investors disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein.

> Sankaty Investors, LLC, for itself, on behalf of itself as sole managing member of Sankaty 12/16/2005 High Yield Asset Investors LLC and on behalf of Sankaty High Yield Asset Investors, LLC in its capacity as sole general 12/16/2005 partner of Sankaty High Yield Asset Partners, L.P. 12/16/2005 by: /s/ Jonathan S. Lavine

** Signature of Reporting Person Date

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

- * 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.

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.