## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

(Last) (First) (Middle)  MAYFAIR CAPITAL  4969 US HIGHWAY 42, SUITE 2000  (Street)  LOUISVILLE KY  40222  (City) (State) (Zip)  3. Date of Earliest Transaction (Month/Day/Year)  4. If Amendment, Date of Original Filed (Month/Day/Year)  The property of the company of the compa		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				ymbol <u>C</u> [ CHI		er or Tradown S							Reporting Person*		1. Name and GRISSO		
(Street) LOUISVILLE KY 40222 (City) (State) (Zip)  4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/GrouLine)  X Form filed by Original Filed (Month/Day/Year)  Form filed by Month Person	e title Other (specify below)					Day/Year)	onth/[	action (M	t Trans					,	T,	CAPITA	MAYFAI		
(Street) LOUISVILLE KY 40222 (City) (State) (Zip)  X Form filed by Or Form filed by Money Person	/Group Filing (Check Applicable									0	Y 42, SUITE 200	GHWAY	4969 US						
		X Form filed by One Reporting Form filed by More than One						10222	Y 4	LE KY	. ,								
Table I. New Devicative Convention Associated Dispersed of the Development														Zip)	tate) (2	(Sta	(City)		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned		Owned	ficially	Benef	f, or B	osed o	Dis	quired,	s Acc	uritie	Sec	ative	n-Deri	e I - Noi	Tabl				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)  Securities Beneficially Owned Following Reported	Form: Direct of Indirect (D) or Indirect Beneficial	Securities Beneficially Owned Following			Disposed Of (D) (Instr		Transaction Code (Instr. 5		Execution Date, if any		Day/Year) if		Date		tr. 3)	urity (Inst	1. Title of S		
Code V Amount (A) or (D) Price Transaction(s) (Instr. 3 and 4)	s)	Transaction(s)	Price	() or ()	(A) (D)	Amount	v	Code											
Common Stock, no par value         10/22/2004         s         65,900         D         \$37         150,000	) D	150,000	\$37	5,900 D		0 D S		65,90		S				2/2004	10/2		oar value	ock, no p	Common S
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)		wned													Та				
Derivative Security (Instr. 3)  Instr. 3)  Date (Month/Day/Year)  Date (Month/Day/Year)  Date (Month/Day/Year)  Date (Month/Day/Year)  Execution Date if any (Month/Day/Year)  Execution Date (Month/Day/Year)  Derivative Securities (Month/Day/Year)  Derivative Securities (Month/Day/Year)  Derivative Securities (Month/Day/Year)  Derivative Securities (Month/Day/Year)  Amount of Securities (Month/Day/Year)  Derivative Securities (Month/Day/Year)  Der	ative Ownership ities Form: Direct (D) or Indirect (I) (Instr. 4) red action(s)	rivative curity Securities Seneficially Owned Following Reported Transaction(s	Deriv Secu (Inst	nt of ities lying tive ity (Inst	xpiration Date Month/Day/Year)  Amount t Securitie Underlyir Derivativ Security and 4)		wative urities irred or osed or o., 1, 2, 4		Expiration Date (Month/Day/Year)		of Derive Secur Acqu (A) or Dispo of (D) (Instr		Transa Code (	Date,	Execution if any	Date	onversion Exercise ice of erivative	Derivative Security	

**Explanation of Responses:** 

/s/ J. David Grissom

10/25/2004

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.