FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL				
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INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person* Gertz Stanford 2. Date of Event Requiring Statement (Month/Day/Year) 07/09/2025		atement					
			4. Relationship of Person(s) to Issu		5. If Amendment, Date of Original Filed		
(Last) (First) (Midd	lle)		(Check all applicable)		(Month/Day/Year)		
2546 W. JARVIS AVE	,		X Director	10% Owner			
			Officer	Other			
(Street) CHICAGO IL 606	45		(give title below)	(specify below)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One X Reporting Person		
(City) (State) (Zip)					Form filed by More than One Reporting Person		

Table I – Non-Derivative Securities Beneficially Owned					
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
STRW	305	D			

			curities Ben options, co	•			
nstr. 4) Expiration Date Secu (Month/Day/Year) Deriv		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)	(Instr. 5)

Explanation of Responses:

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 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). 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.