(City)

(Last)

(Street)

**SUITE 2670** 

(State)

(First)

1. Name and Address of Reporting Person\*
Privet Fund Management LLC

3280 PEACHTREE ROAD

(Zip)

(Middle)

FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number: 3235-010						
Estimated average burden						
hours per response:	0.5					

					S	SECURITIES				ll l	ed average burden er response:	
						16(a) of the Securities Exchange the Investment Company Act of						
1. Name and Address of Reporting Person*  Levenson Ryan  2. Date of Event Requiring Statem (Month/Day/Year)  03/27/2013												
(Last) (First) (Middle) 3280 PEACHTREE ROAD SUITE 2670					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner  Officer (give title below)  Other (specify below)				5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) ATLANTA	GA	30305				See Explanation of Responses				Form filed by One Reporting Person  X Form filed by More than One Reporting Person		
(City)	(State)	(Zip)										
			Ta	able I - Non	-Derivat	ive Securities Beneficia	lly Owned					
1. Title of Security (Instr. 4)					. Amount of Securities seneficially Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	cṫ (D)	4. Nature of Indirect Beneficial Ownershi (Instr. 5)				
Common Stock						1,220,362	I	Ву		By Privet Fund LP <sup>(1)(2)</sup>		
Common Stock					123,066	I	By Pr		By Privet Fund Management LLC(1)(			
			(e.g			e Securities Beneficially nts, options, convertible		s)				
1. Title of Derivative Security (Instr. 4)  2. Date Exercis Expiration Dat (Month/Day/Ye				ite	Underlying Derivative Security (Instr. 4) Conve		4. Conver or Exer Price o	ercise Form:	Ownership	(Instr. 5)		
				Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Derivat Securit	ive	or Indirect (I) (Instr. 5)		
1. Name and Addre	ess of Reporting	Person*		,								
Levenson Ry	<u>an</u>											
(Last) 3280 PEACHTI SUITE 2670	(First) REE ROAD		(Middle)									
(Street) ATLANTA	GA		30305									
(City)	(State)		(Zip)									
1. Name and Addre		Person*										
(Last) 3280 PEACHTI SUITE 2670	(First) REE ROAD		(Middle)									
(Street) ATLANTA	GA		30305									

ATLANTA	GA	30305
(City)	(State)	(Zip)

## **Explanation of Responses:**

- 1. This report is filed jointly by Privet Fund LP, Privet Fund Management LLC and Ryan Levenson (collectively, the "Reporting Persons"). The Reporting Persons are filing this report because each of the Reporting Persons may be deemed to be a member of a Section 13(d) group disclosed in the Schedule 13D filed on behalf of the Reporting Persons and the other members of such group. As of March 27, 2013, the members of this Section 13(d) group collectively owned more than 10% of the Issuer's outstanding shares of Common Stock. Each of the Reporting Persons disclaims beneficial ownership of the shares of Common Stock held by the other members of such Section 13(d) group except to the extent of his or its pecuniary interest therein.
- 2. These shares are owned directly by Privet Fund LP, and indirectly by Privet Fund Management LLC and Ryan Levenson.
- 3. These shares are owned directly by Privet Fund Management LLC, and indirectly by Ryan Levenson.

## Remarks:

/s/ Ryan Levenson Ryan Levenson	04/05/2013
/s/ Ryan Levenson Ryan Levenson, Sole Manager, on behalf of Privet Fund Management LLC	04/05/2013
/s/ Ryan Levenson Ryan Levenson, Sole Manager, on behalf of Privet Fund Management LLC, Managing Partner, on behalf of Privet Fund LP	04/05/2013
** 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 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.