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(11) Percent of Class Represented by Amount in Row (9)  
0.00%

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(12) Type of Reporting Person\*  
BK  
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CUSIP No. 185896107



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(9) Aggregate  
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(10) Check Box if the Aggregate Amount in Row (9) Excludes†))))))m----- t





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(4) Citizenship or Place of Organization  
England  
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(j) // Group, in a-n





PLANS AND POLICIES OF LIFE, ACCIDENT AND HEALTH INSURANCE AS DEFINED IN SECTION 3(a)(6) OF THE ACT (15 U.S.C. 78c).  
(b) // Insurance Company as defined in section 3(a)(19) of the Act  
(c) // Investment Company as defined in section 3(a)(19) of the Act  
(15 U.S.C. 78c)  
Investment Company (a) (19) c

ITEM 3. IF THIS STATEMENT IS FILED PURSUANT TO RULES 13D-1(B), OR 13D-2(B), CHECK WHETHER THE PERSON FILING IS A

(a) // Broker or Deal- ea E

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of controlling or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

AfMafMe