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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) |
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| Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPR | OMB APPROVAL MB Number: 3235-0287 | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average but | stimated average burden | | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | | |

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|--|--------------------|----------|--|---|---|--------------|------------------------------------|--|---|---|---|---|--|
| | Iress of Reporting | | ier Name and Ticke ON INC /WA | | | ymbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| WHILLEY | ROBERT V | | | | - | | | Director | 10% 0 | | | | |
| (1 | | 3. Dat | e of Earliest Transad | ction (M | onth/D | Dav/Year) | - x | Officer (give title below) | Other | (specify) | | | |
| (Last) | (First) | (Middle) | | /2003 | · · · · · | | .,, | | Vice President, Mfg. | | | | |
| 2818 N. SULI | LIVAN ROAD | | | | | | | | | | | | |
| (Street) | | 4. If A | mendment, Date of (| Original | Filed | (Month/Day/Y | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SPOKANE | WA | 99216 | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | |
| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | |

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$20.1 | 09/26/2003 | | A | | 8,000 | | (1) | 09/26/2013 | Common Stock | 8,000 | \$20.1 | 8,000 | D | |

Explanation of Responses:

1. 33-1/3% of options become exercisable on 9/26/04 and an additional 33-1/3% on each of 9/26/05 and 9/26/06.

By: MariLyn R. Blair, as

attorney-in-fact For: Robert W. 10/01/2003 **Whitney**

** 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.