FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

## OMB APPROVAL

OMB Number: December 31, Expires: 2014

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Indirect<sup>(1)</sup>

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Estimated average burden 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| Instruct   |   |  |  |          | the Secur<br>estment Co   |   | es Exchanç<br>pany Act o                              |   |            | 34   |    |                   |                              | irs per<br>oonse   |                      | 0                    |   |  |                   |  |   |  |
|--|---|--|--|----------|---------------------------|---|---|---|------------|--|----|-------------------|------------------------------|--|----------------------|----------------------|---|--|-------------------|--|---|--|
| DELTA PARTNERS LLC   |   |  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   | olicable)  | ting F            | Person(s) to I   |   |  |
| (Last)   | st) (First) (Middle)  |  |  |          | 3. [                      | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2003 |   |   |            |  |    |                   |                              |  |                      |                      | Office<br>below   | er (give titl<br>w)  | ve title Oth belo |  | (specify<br>)   |  |
| (Street) 4. If   |   |  |  |          |                           |   | If Amendment, Date of Original Filed (Month/Day/Year) |   |            |  |    |                   |                              |  |                      |                      | 6. Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     X Form filed by More than One Reporting Person |  |                   |  |   |  |
| (City) (State) (Zip)                                       |   |  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
|  |   |  | le I - No                                    |          |                           | _   |   |   |            |  | sp |                   |                              |  |                      | lly                  |   |  | _                 |  | Γ   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |  |          |                           | ay/Year) if   |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |            | 3.<br>Transaction<br>Code (Instr.<br>8)                      |    | Disposed Of (     |                              | Acquired (A) or<br>(D) (Instr. 3, 4 a                                |                      | and Securi<br>Benefi |   | icially<br>d Following   |                   | Ownership<br>orm: Direct<br>) or Indirect<br>(Instr. 4)                  | 7. Nature<br>Indirect<br>Beneficia<br>Ownersh<br>(Instr. 4) |  |
|  |   |  |  |          |                           |   |   |   | - (        | Code V   |    | Amount            | (A<br>(I                     | A) or<br>D)  | Price                |                      | Transa<br>(Instr. :   | Transaction(s)<br>(Instr. 3 and 4)   |                   |  |   |  |
| First Cash Financial Services Inc 05/13/2003               |   |  |  |          |                           |   |   |   |            | S  |    | 4,000             |                              | D  | 11.8                 | 33                   | 88  | 36,157   |                   | I  | Indirec   |  |
|  |   | Ta   | able II - I<br>)                             |          |                           |   |   |   |            |  |    | sed of, onvertib  |                              |  |                      | y Ov                 | vned  |  |                   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | n Date,  | Date, Transac<br>Code (Ir |   |   |   | Ex         | 6. Date Exercisable a<br>Expiration Date<br>(Month/Day/Year) |    |                   | Amo<br>Secu<br>Unde<br>Deriv | tle and<br>unt of<br>irities<br>erlying<br>vative<br>irity (In<br>4) | De<br>Se<br>(In      |                      | Price of<br>erivative<br>ecurity<br>nstr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(<br>(Instr. 4) | i<br>S<br>Ily     | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficia<br>Ownersh<br>(Instr. 4)                          |  |
|  |   |  |  |          | Code                      | v   | (A)   | (D)   | Dai<br>Exc | te<br>ercisable  |    | xpiration<br>late | Title                        | or   | ount<br>nber<br>ıres |                      |   |  |                   |  |   |  |
| 1  |   | Reporting Person* ERS LLC                  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
| (Last)   | (First) (N  |  | (Mide  | dle)     |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
| (Street)   |   |  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
| (City) (State) (Zip)                                       |   |  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
|  |   | Reporting Person*                          |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
| (Last)   | ast) (First)  |  | (Mide  | (Middle) |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
| (Street)   |   |  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
| (City) (State) (Zip)                                       |   |  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
|  | nd Address of<br>N CHAR   | Reporting Person*  RLES E                  |  |          |                           |   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |
| (Last) (First)   |   |  | (Mide  | dle)     |                           | _   |   |   |            |  |    |                   |                              |  |                      |                      |   |  |                   |  |   |  |

## **Explanation of Responses:**

(State)

(Zip)

(Street)

(City)

 Christopher N Argyrople
 05/14/2003

 Charles E Jobson
 05/14/2003

 \*\* 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.