FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

December 31, 2014 Expires:

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

Indirect⁽¹⁾

Indirect⁽¹⁾

Indirect⁽¹⁾ Indirect⁽¹⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

ed average burden 0.5

Check this box if no longer subject to

(First)

(Last)

(Street)

(Middle)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

U obligat	ions may contir tion 1(b).			Fil								ties Exchan mpany Act			934				hours respon	per	erage burd	den 0
DELTA PARTNERS LLC					<u>F</u> 1										5. Relationship of Rep (Check all applicable) Director Officer (give below)			e)	g Perso	10% (Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 04/28/2003								e title					Other below	(specify			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year) 05/08/2003								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person									
(City)	(St	ate)	(Zip)												1			by More than One Reporting				
		Tab	le I - No	n-Deri	vativ	e Se	curi	ties A	Acqu	uired	, Dis	sposed o	of, o	r Ber	nefic	ially	Owne	ed				
1. Title of	Security (Inst	ir. 3)		2. Trans Date (Month/I		ar) E	f any	emed tion Date n/Day/Ye	е,	3. Transa Code (8)		4. Securiti Disposed				4 and 5) Securities Form: [Direct Indirect	7. Nature Indirect Beneficia Ownersh (Instr. 4)	
									_	Code	v	Amount	((A) or (D)	Price		Transa (Instr.	ction(s 3 and 4	ı)		_	
		Services Inc			3/2003	_				S		4,323	-	D	-	2414	-	99,157			I	Indirec
		Services Inc.			9/2003	-				S		2,000	-	D D		1.2	894,757 892,757					Indirec
First Cash Financial Services Inc. 04/30/2 First Cash Financial Services Inc. 05/01/2									S		2,600	-	D				890,157				Indirec	
		T	able II -	<u> </u>			uritie	es Ac	quir	ed, C	oispo	osed of,			<u> </u>		<u> </u>					
					uts,	calls	_					onvertib	_									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transactio Code (Inst 8)		on of		e E	6. Date Exercisable a Expiration Date (Month/Day/Year)		te	7. Title Amoun Securiti Underly Derivati Security and 4)		f g	Der Sec (Ins	Price of rivative curity str. 5)	deriva Secur Benef Owne Follov Repor Trans	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A	(D)		Date Exercisa	able	Expiration Date	Title	or Nu of	ımber							
		Reporting Person* ERS LLC																				
(Last)		(First)	(Mic	ddle)																		
(Street)																						
(City) (State) (Zip)																						
		Reporting Person [*]																				
(Last) (First) (Middle)				_																		
(Street)						_																
(City)		(State)	(Zip)																		
	nd Address of	Reporting Person*																				

(City)	(State)	(Zip)	
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Explanation of Responses:

1. Reporting person Delta Partners, LLC is the Investment Manager of two private investment funds and is deemed to have investment discretion. The two funds are the actual owners of the issuer. Reporting person Charles E. Jobson and Christopher N. Argyrople are the Managing Members of the Investment Manager and can also be deemed to investment discretion. All reporting persons disclaim beneficial ownership in the shares reported herein except to the extent of thier pecuniary interest.

 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.

- * 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.