

Edgar Filing: MILLER ROBERT - Form 3

MILLER ROBERT
Form 3
September 14, 2001

F O R M 3

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

INITIAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
Section 17(a) of the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act 1940

1. Name and Address of Reporting Person* Miller Robert (Last) (First) (MI) 520 Lake Cook Road, Suite 380 (Street) Deerfield IL 60015 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/7/01	3. IRS Identification Number of Reporting Person, if an entity (voluntary)	4. Issuer Name and Ticker or Trading Symbol Atlas Minerals, Inc. (ATMR)	5. Relationship of Reporting Person to Issuer (Check all Applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)
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TABLE I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership
No securities owned			

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Reminder: Report on a separate line for each class securities owned directly or indirectly.
*If the form is filed by more than one reporting person, see Instruction 5(b)(v).

FORM 3 (continued)

TABLE II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Underlying Derivative Security (Instr. 4)	4. Conversion Exercise of De Secur
	Date Exercisable	Expiration Date		
Stock Options	9/7/01	9/6/11	Common Stock 100,000 (1)	\$

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Explanation of Responses:

(1) The stock options are fully vested.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Robert Miller

**Signature of

Note: File three copies of this form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Robert Miller

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMD Number.