FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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		Washington, D.C. 2054

Vashington,	D C	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							
hours per response	. 10						

Check	k this box if no lo	nger subject				J ,							OME	3 APPR	ROVAL
to Sec obliga Instru	ction 16. Form 4 tions may continction 1(b). 3 Holdings Report	or Form 5 nue. <i>See</i>	ANNUAL	STATEN		OF C			IN B	ENEFIC	CIAL	Esti		oer: average bi esponse:	3235-0362 urden 1.0
_	4 Transactions		Filed	I pursuant to Se or Section 30	ction 16	S(a) of the	e Securiti ment Cor	ies Excha	inge Ac	t of 1934 0					
1	ind Address of	Reporting Person	*	2. Issuer Nan VAIL RE	ne and	Ticker or	Trading	Symbol		5.	Relationship	licable)	rting Pe	` '	o Issuer Owner
	(Fir	S	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 07/31/2020						y/Year)	Officer (give title below)				er (specify
390 INT	ERLOCKE	N CRESCENT		4. If Amendm	ent, Dat	te of Orig	ginal Filed	d (Month/	Day/Yea		Individual o	r Joint/Gro	oup Filir	ng (Chec	k Applicable
(Street)	WHEN D. CO		20021								-,	filed by C	One Rep	porting P	erson
BROOM	MFIELD CO)	30021								Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Zip)												
		Table	I - Non-Deriva	tive Securi	ties A	cquire	d, Dis	posed	of, or	Benefic	ially Own	ed			
1. Title of Security (Instr. 3)				ny Code (In						Securities Beneficially		Ownership In Form: Direct B			
	occurry (mour.	3)	2. Transaction Date (Month/Day/Year)	Execution Date if any	, Tran Cod) or Dispose	Securitie Benefici	es ally	Owne Form:	rship Direct	7. Nature of Indirect Beneficial
	ossaniy (mour	3)	Date	Execution Date	, Tran Cod			Instr. 3, 4) or Dispose	Securition Benefici Owned a Issuer's	es ally at end of	Owne	rship Direct	Indirect
Common		5)	Date	Execution Date if any	, Tran Cod		Of (D) (I	t	and 5)		Securition Beneficit Owned a Issuer's Year (Inst	es ally at end of Fiscal	Owne Form: (D) or Indire (Instr.	rship Direct	Indirect Beneficial Ownership
	ı Stock		Date (Month/Day/Year)	Execution Date if any	, Tran Cod	de (Instr.	Of (D) (I	t (1)	(A) or (D)	Price	Securitic Benefici Owned a Issuer's Year (Ins. 4)	es ally at end of Fiscal str. 3 and	Owne Form: (D) or Indire (Instr.	rship Direct ect (I)	Indirect Beneficial Ownership
Commor	1 Stock	5)	Date (Month/Day/Year) 10/11/2019	Execution Date if any	, Tran Cod	G (Instr.	Amount	t 10	(A) or (D)	Price \$0	Securitie Benefici Owned a Issuer's Year (Ins. 4) 4,3	es ally at end of Fiscal str. 3 and	Owne Form: (D) or Indire (Instr.	rship Direct ct (I) 4)	Indirect Beneficial Ownership
Common	1 Stock		Date (Month/Day/Year) 10/11/2019 12/17/2019 06/19/2020 ble II - Derivat	Execution Date if any (Month/Day/Yea	ry Trar Cod 8)	G G G	Amount 11 10 18	t 10 055 39 00 00 00 00 00 00 00 00 00 00 00 00 00	(A) or (D) D D f, or E	\$0 \$0 \$0 \$0	Securitie Benefici Owned a Issuer's Year (Ins 4) 4,3 4,4	es ally at end of Fiscal str. 3 and 15 ⁽¹⁾	Owne Form: (D) or Indire (Instr.	rship: Direct	Indirect Beneficial Ownership
Common	1 Stock		Date (Month/Day/Year) 10/11/2019 12/17/2019 06/19/2020 ble II - Derivat	ive Securiti its, calls, w 4. Transaction Code (Instr. 8)	ry Trar Cod 8)	G G G G G G G G G G G G G G G G G G G	Amount 11 10 18 1, Dispoions, c	t 10 05 05 05 05 05 05 05 05 05 05 05 05 05	(A) or (D) D D f, or E iible s 7. T Sec Und Deri	\$0 \$0 \$0 \$0	Securitie Benefici Owned a Issuer's Year (Ins 4) 4,3 4,4	es ally at end of Fiscal str. 3 and 15 ⁽¹⁾	Owne Form: (D) or Indire (Instr.	rship: Direct	Indirect Beneficial Ownership (Instr. 4) 11. Nature of Indirect Beneficia O) Ownershi ct (Instr. 4)

Explanation of Responses:

1. Reflects a gift of 240 shares made in October 2018 that were not reported previously due to an administrative error.

Remarks:

Emily S. Barbara, Attorneyin-Fact for Susan L. Decker

of Shares

09/03/2020

Exercisable

** 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.