| FORM | 4 |
|------|---|
|------|---|

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|----------------|------------------|--|--|--|--|--|--|--|--|
| OMB Number: | | | | | | | | | |
| | January 31, 2005 | | | | | | | | |
| Estimated ave | | | | | | | | | |
| nours per resp | onse 0.5 | | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person [*] – David C. Prosser | | | 2. Issue RTW, I | | | Ficker or | Tradi | ing Sym | bol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|------------------|--|-------------------|------|-----------|------------------------------------|----------|---|---|---|---|--|--|
| (Last) (First) (Middle) 20645 Radisson Road | | | | f Earliest 004 | Tra | nsaction | (Mon | th/Day/ | Year) | X Director X 10% Owner Officer (give title below) Other (specify below) | | | | |
| (Street) Shorewood, MN 55331 | | | | endment, | Date | e Origina | l File | d (Month | /Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | Zip) | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year | Execution any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | | ities d (A) d of (, 4 an | (D) | 5. Amount of S Beneficially O Following Rep Transaction(s) | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Code V Amount (A) or (Instr. 3 and 4) | | | | | | | | | | | | | |
| Common Stock | | | | | | | | | 25,970 | | Ι | By David C. and Margaret F. Prosser Foundation | | |
| Common Stock | | | | | | | | | 67,571 | Ι | | By David C. Prosser 1997 Unitrust | | |
| Common Stock | | | | | | | | | 17,389 | | I | By David C. Prosser 1996 Unitrust | | |
| Common Stock | | | | | | | | | 8,834 | | I | By David C. Prosser 1995 Unitrust | | |
| Common Stock | | | | | | | | | 649,501 | | D | | | |
| Common Stock | 04/22/2004 | | | S | | 2,425 | D | \$6.72 | 647,076 | | D | | | |

file:///SI/1EXPRESS/bmn84302_bmn8/bmn84302_bmn8dcp.htm (1 of 3) [4/23/2004 8:55:43 AM]

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.SEC 1474 (9-
02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Security | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code | of Deriv Secur Acqui (A) or Dispo of (D) | er ative ities ired sed | 6. Date Exer and Expirati (Month/Day | on Date | Unde Secur | ınt of rlying | Derivative Security | Beneficially Owned Following | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial |
|----------|------------|--|---|--------------------------|--|-------------------------------------|--|--------------------|---------------|--|------------------------|------------------------------------|--|------------|
| | | | | Code | (Instr. 4, and (A) | 5) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| Departing Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| David C. Prosser 20645 Radisson Road Shorewood, MN 55331 | Х | Х | | | | | | |

Signatures

/s/ David C. Prosser

04/23/2004

file:///S|/1EXPRESS/bmn84302_bmn8/bmn84302_bmn8dcp.htm (2 of 3) [4/23/2004 8:55:43 AM]

**Signature of Reporting Person

Date

Explanation of Responses:

* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.