Schwakopf Terry

April 25, 2018

Form 3

| FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |                            |   |   |  |  |  |                                     | N  | OMB APPROVAL               |                   |                |  |  |
|---|----------------------------|---|---|--|--|--|-------------------------------------|--|----------------------------|-------------------|----------------|--|--|
|   |                            |   |   |  |  |  |                                     |  | OMB 3235-0                 |                   | 0104           |  |  |
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF                                      |                            |   |   |  |  |  |                                     |  | pires:                     | Janua             | ry 31,<br>2005 |  |  |
|   | SECURITIES                 |   |   |  |  |  |                                     |  |                            | Estimated average |                |  |  |
|   |                            | on 17(a) of   | t to Section 16<br>the Public Uti<br>0(h) of the Inv                    | lity Holdi   | ng Company                                       | / Act of 193   |                                     | , res  | rden hour<br>sponse        | s per             | 0.5            |  |  |
| (Print or Type l  | Responses)                 |   |   |  |  |  |                                     |  |                            |                   |                |  |  |
| 1. Name and A<br>Person <u>*</u><br>Schwako                                       | Statement<br>(Month/Day/Ye | 2. Date of Event Requiring 3. Issuer<br>Statement BANNI<br>(Month/Day/Year) |   | Name <b>and</b> Ticker or Trading Symbol<br>ER CORP [BANR] |  |  |                                     |  |                            |                   |                |  |  |
| (Last)  | (First)                    | (Middle)  | 04/24/2018  |  | 4. Relationship of Reporting Person(s) to Issuer |  |                                     | 5. If Amendment, Date Original Filed(Month/Day/Year) |                            |                   |                |  |  |
| 10 SOUTH  | FIRST AV                   | ENUE  |   |  | (Check   | all applicable)  |                                     |  |                            |                   |                |  |  |
|   | (Street)                   |   | 6.  |  |  | 6. 1   |                                     | dividual or Joint/Group<br>g(Check Applicable Line)  |                            |                   |                |  |  |
|   |                            |   |   |  | X_ Director                                      | r 10%<br>Othe  | Owner v                             |  | ck Applicab<br>iled by One |                   | g              |  |  |
| WALLA<br>WALLA,Â  | WAÂ 9936                   | 52  |   |  | (give title below                                | w) (specify belo   |                                     | son<br>_ Form fi<br>porting P                        | iled by More<br>Person     | than One          | e              |  |  |
| (City)  | (State)                    | (Zip)   | Г   | Table I - N  | lon-Derivat                                      | ive Securit  | ies Benef                           | icially  | Owned                      |                   |                |  |  |
| 1.Title of Secu<br>(Instr. 4)   | rity                       |   | I   | 2. Amount o<br>Beneficially<br>Instr. 4)                   |  | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature<br>Ownershi<br>(Instr. 5) |  | ect Benefi                 | cial              |                |  |  |
| Common St   | ock, par val               | lue \$0.01 p  | per share (   | )  |  | D  | Â                                   |  |                            |                   |                |  |  |
| Reminder: Rep<br>owned directly   |                            | ate line for e  | ach class of securi   | ties benefic   | ially S  | EC 1473 (7-02  | 2)                                  |  |                            |                   |                |  |  |
|   | inform<br>requir           | nation cont<br>ed to respo  | pond to the col<br>ained in this fo<br>ond unless the<br>MB control nun | rm are not<br>form displ                                   |  |  |                                     |  |                            |                   |                |  |  |
|   | Fable II - Der             | ivative Secu  | rities Beneficiall  | y Owned (e   | g., puts, calls,                                 | warrants, op   | tions, conv                         | ertible  | securities)                |                   |                |  |  |
| 1. Title of Der<br>(Instr. 4)   | ivative Securit            | 2   | ate Exercisable an ration Date  |  | and Amount of<br>es Underlying                   | f 4.<br>Conversi   | 5.<br>on Owne                       | rship  | 6. Nature<br>Beneficial    |                   |                |  |  |

**Derivative Security** 

Amount or

Number of

(Instr. 4)

Expiration Title

or Exercise Form of

Price of

Security

Derivative

Derivative

Security:

Direct (D)

or Indirect

(Instr. 5)

(Month/Day/Year)

Exercisable Date

Date

Shares

(I) (Instr. 5)

## **Reporting Owners**

| Reporting Owner Name / A                                  | Relationships |           |         |       |   |  |  |
|---|---------------|-----------|---------|-------|---|--|--|
|   | Director      | 10% Owner | Officer | Other |   |  |  |
| Schwakopf Terry<br>10 SOUTH FIRST AVEN<br>WALLA WALLA, WA |               | ÂX        | Â       | Â     | Â |  |  |
| Signatures  |               |           |         |       |   |  |  |
| /s/Terry<br>Schwakopf                                     | 04/24/20      | 018       |         |       |   |  |  |
| **Signature of<br>Reporting Person                        | Date          |           |         |       |   |  |  |
| Evolopation of  | Deer          |           |         |       |   |  |  |

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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.