

**Magrath, John M [PVTC]**

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**From:** Magrath, John M [PVTC]  
**Sent:** Wednesday, October 23, 2002 3:08 PM  
**To:** 'Lagrand Johnson'  
**Cc:** 'J David Nelson'; Murri Johnson, Sandra [PVTC]  
**Subject:** RE: Sale of International Automated Systems Shares

John M. Magrath  
Financial Consultant  
Salomon Smith Barney  
282 West River Bend Lane Suite 300  
Provo, Utah  
Fax 801-426-7297  
Toll Free 800-421-8530  
Direct Line: 801-426-7250  
email: john.m.magrath@rssmb.com

-----  
**From:** Magrath, John M [PVTC]  
**Sent:** Wednesday, October 23, 2002 3:06 PM  
**To:** 'Lagrand Johnson'  
**Cc:** Murri Johnson, Sandra [PVTC]; 'J David Nelson'  
**Subject:** Sale of International Automated Systems Shares

Dear Lagrand:

This is a report of sale required by Sarbaines Oxley Act. We have sold 30000 shares of IAUS at..4050. The above transaction was of the account 883-03188-19-050 in the name of J. David Nelson. Order date 10/23/2002 15:59 NYT. Proceeds of this sale are \$11,542.13. The above transaction was sold under rule 144. It is required to have a Form 4 filed with the SEC with in 48 hours.

Sincerely,

John M. Magrath  
Financial Consultant  
Salomon Smith Barney  
282 West River Bend Lane Suite 300  
Provo, Utah  
Fax 801-426-7297  
Toll Free 800-421-8530  
Direct Line: 801-426-7250  
email: john.m.magrath@rssmb.com

Page: 1 Document Name: untitled

FCI EXECUTIONS  
DETAIL SCREEN

10/23/02 - 16:54:27

EXEC BR 883 FC 050

883-03188-1-5-050  
NELSON J DAVIDEXECUTION#: 201087  
EXEC BY: OTC  
EXEC DATE: 10/23/02ORDER DATE: 10/23/02  
SETTLE DATE: 10/28/02  
REPORT TIME: 15:59:10AVERAGE PRICE  
SOLD30M IAUS @  
REPORTED TO NASDAQ:0.4050 INTERNATIONAL AUTOMATED SYS  
0.4050

ORDER#: PZ 5528

DETAIL ESTIMATES

CUSIP: 459039103000

PRINCIPAL AMOUNT:  
GROSS COMMISSION:  
SEC FEE:  
SERVICE FEE:  
EST. NET AMOUNT:12,150.00  
602.50  
0.37  
5.00  
11,542.13UNSOLICITED  
HOLD PROCEEDSYEAR-END PLANNING ON SSB TV AT 4:15 \$3  
VERB TOPIC/SUBJECT PGE OFF FC#RECD  
PSHP PROD MRGN

F1 BKMK F2 BACK F3 A F4 S F5 EXEC F6 CMN (A)

Date: 10/23/02 Time: 2:54:24 PM

OCT-23-2002 15:13 FRM:



**FORM 4 (continued)**

### Explanation of Responses:

  
Signature of Reporting Person

**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.

Subj: **Sale of shares of IAUS for J David Nelson 883-03188-1-5-050**  
 Date: 11/5/2002 3:42:24 PM Mountain Standard Time  
 From: [john.m.magrath@rssmb.com](mailto:john.m.magrath@rssmb.com)  
 To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com), [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
 CC: [sandra.murrijohnson@rssmb.com](mailto:sandra.murrijohnson@rssmb.com), [lagrand@iaus.com](mailto:lagrand@iaus.com)  
*Sent from the Internet (Details)*

Dear David:

The following is a report required by the Sarbaines Oxley Act.

| Sold | Quantity | Price | Date    | Time  | Proceeds |
|------|----------|-------|---------|-------|----------|
| Sold | 10000    | .38   | 11/5/02 | 13:27 | 3609.88  |
| Sold | 10000    | .38   | 11/5/02 | 15:05 | 3609.88  |
| Sold | 10000    | .35   | 11/5/02 | 15:38 | 3324.89  |
| Sold | 10000    | .34   | 11/5/02 | 15:44 | 3229.89  |

These transactions need to have a Form 4 filed with in 48 hours of the sale.

Sincerely,

John M. Magrath  
 Financial Consultant  
 Salomon Smith Barney  
 282 West River Bend Lane Suite 300  
 Provo, Utah  
 Fax 801-426-7297  
 Toll Free 800-421-8530  
 Direct Line: 801-426-7250  
 email: [john.m.magrath@rssmb.com](mailto:john.m.magrath@rssmb.com)

-----  
 Reminder: E-mail sent through the Internet is not secure.  
 Do not use e-mail to send us confidential information  
 such as credit card numbers, changes of address, PIN  
 numbers, passwords, or other important information.  
 Do not e-mail orders to buy or sell securities, transfer  
 funds, or send time sensitive instructions. We will not  
 accept such orders or instructions. This e-mail is not  
 an official trade confirmation for transactions executed  
 for your account. Your e-mail message is not private in  
 that it is subject to review by the Firm, its officers,  
 agents and employees.  
 -----

**FORM 4**

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

(Print or Type Responses)

1. Name and Address of Reporting Person\*

NELSON, J. DAVID (Last) (First) (Middle)

10885 South State (Street)

Sandy, Utah 84070 (City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

International Automated Systems (IAUS)

3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Day/Year

Nov. 5, 2002

6. Relationship of Reporting Person(s) to Issuer (Check all applicable) ☒ Director ☒ 10% Owner ☐ Officer (give title below) ☐ Other (specify below)7. Individual or Joint/Group Filing (Check Applicable Line) ☒ Form filed by One Reporting Person ☐ Form filed by More than One Reporting Person

| Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                            |                                            |
|----------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| 1. Title of Security (Instr. 3)                                                  | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Ownership (Instr. 4) | 7. Nature of Indirect Ownership (Instr. 4) |
|                                                                                  |                                      |                                                    |                                | Amount                                                            | (A) or (D) |                                                                                               |                                                          |                                            |                                            |
| Common Stock                                                                     | 11/05/02                             | 11/05/02                                           | S                              | 10,000                                                            | D          | 4,743,000                                                                                     | D                                                        |                                            |                                            |
| Common Stock                                                                     | 11/05/02                             | 11/05/02                                           | S                              | 10,000                                                            | D          | 4,733,000                                                                                     | D                                                        |                                            |                                            |
| Common Stock                                                                     | 11/05/02                             | 11/05/02                                           | S                              | 10,000                                                            | D          | 4,723,000                                                                                     | D                                                        |                                            |                                            |
| Common Stock                                                                     | 11/05/02                             | 11/05/02                                           | S                              | 10,000                                                            | D          | 4,713,000                                                                                     | D                                                        |                                            |                                            |
|                                                                                  |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                            |                                            |
|                                                                                  |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                            |                                            |
|                                                                                  |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                            |                                            |
|                                                                                  |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                            |                                            |

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).

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.

(Over)  
 SEC 1474 (9-02)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549  
**FILE COPY**  
**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(h) of the Investment Company Act of 1940

OMB APPROVAL  
 OMB Number: 3235-0287  
 Expires: January 31, 2005  
 Estimated average burden hours per response: 0.5

**FORM 4 (continued)**

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

[illegible]

### Explanation of Responses:

**\*\* 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.

**\*\*Signature of Reporting Person**

Date 11/26/02

Date \_\_\_\_\_

11/06/02  
JZ



Subj: **Sale of IAUS Shares**  
Date: 12/14/2002 12:55:05 PM Mountain Standard Time  
From: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)  
To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com), [lagrand@iaus.com](mailto:lagrand@iaus.com)  
*Sent from the Internet (Details)*

Dear David:

This is a report of sale of shares of IAUS.

Date 12/13/2002 sold 20000 IAUS @ .36 Net amount 6839.78  
Date 12/13/2002 sold 20000 IAUS @ .34 Net amount 6459.79

These transactions need to be reported on a Form 4 to the SEC.

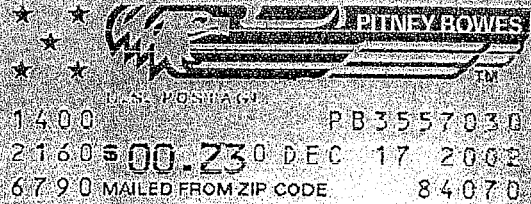
Sincerely,

John M. Magrath  
Financial Consultant  
Salomon Smith Barney  
282 West River Bend Lane Suite 300  
Provo, Utah  
Fax 801-426-7297  
Toll Free 800-421-8530  
Direct Line: 801-426-7250  
email: [john.m.magrath@rssmb.com](mailto:john.m.magrath@rssmb.com)

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Reminder: E-mail sent through the Internet is not secure.  
Do not use e-mail to send us confidential information  
such as credit card numbers, changes of address, PIN  
numbers, passwords, or other important information.  
Do not e-mail orders to buy or sell securities, transfer  
funds, or send time sensitive instructions. We will not  
accept such orders or instructions. This e-mail is not  
an official trade confirmation for transactions executed  
for your account. Your e-mail message is not private in  
that it is subject to review by the Firm, its officers,  
agents and employees.  
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Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070



Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

467044134 02



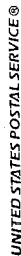
Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
Issuer: International Automated Systems (IAUS)  
Form Received: SEC Form 4 (Original & 2 copies)  
Statement For: December 13, 2002

OFFICE OF FILING AND  
INFORMATION SERVICES

DEC 20 2002

PUBLIC REFERENCE BRANCH



\* 1 0 3 4 5 6 7 8 9 10 11 12 \*

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ Weekend ☐ Holiday

**NO DELIVERY**

Customer Signature \_\_\_\_\_

|     | Federal Agency Acct. No. or<br>Postal Service Acct. No. |
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**TO: (PLEASE PRINT)**

PHONE ( )

## ZIP + 4

[illegible]

**CUSTOMER USE ONLY**

### METHOD OF PAYMENT

Express Mail Corporate Acct. No.

**FROM: (PLEASE PRINT)**

PHONE

100

**FOR PICKUP OR TRACKING CALL 1-800-222-1811**

**www.usps.com**



EXPRESS

MAIL

U.S. POSTAL SERVICE®

EU 216312430 US

POST OFFICE TO ADDRESSEE



\* E U 2 1 6 3 1 2 4 3 0 U S \*

(POSTAL USE ONLY)

|                                  |                                  |                          |               |
|----------------------------------|----------------------------------|--------------------------|---------------|
| Day of Delivery                  |                                  | Flat Rate Envelope       |               |
| <input type="checkbox"/> Next    | <input type="checkbox"/> Second  | <input type="checkbox"/> |               |
| Day Year                         |                                  | Postage                  |               |
| <input type="checkbox"/> 12 Noon | <input type="checkbox"/> 3 PM    | \$                       |               |
| Military                         |                                  | Return Receipt Fee       |               |
| <input type="checkbox"/> 2nd Day | <input type="checkbox"/> 3rd Day |                          |               |
| Int'l Alpha Country Code         |                                  | COD Fee                  | Insurance Fee |
| Acceptance Clerk Initials        |                                  | Total Postage & Fees     |               |
|                                  |                                  | \$                       |               |

DELIVERY (POSTAL USE ONLY)

|                  |                                                         |                    |
|------------------|---------------------------------------------------------|--------------------|
| Delivery Attempt | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Attempt | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Date    | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

MER USE ONLY

PAYMENT

Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

(PLEASE PRINT)

PHONE ( 801 ) 576-1400

J. David Nelson  
USO & P (IAS/SEC)  
10885 So State Street  
Sandy, UT 84070

TO: (PLEASE PRINT)

Securities & Exchange  
Commission  
450 5th Street, N.W.  
Washington, DC

PHONE ( )

ZIP + 4

2 0 5 4 9 +

2 0 5 4 9 +

Mailing Label

Label 11-B May 2001



**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

## 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(h) of the Investment Company Act of 1940

(Print or Type Responses)

|                                                            |  |
|------------------------------------------------------------|--|
| OMB APPROVAL                                               |  |
| OMB Number: 3235-0287                                      |  |
| Expires: January 31, 2005                                  |  |
| Estimated average burden hours per response: . . . . . 0.5 |  |

| 1. Name and Address of Reporting Person*                                                                                                                                             |                                      | 2. Issuer Name and Ticker or Trading Symbol                                                                                                                     |                                | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/><br>Officer (give title below) _____ Other (specify below) _____ |       |                                                                                               |                                                          |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| (Last) <u>NEUMAN J. DAVID</u><br>(First) _____<br>(Middle) _____<br><u>10885 South state</u><br>(Street) _____<br><u>Sandy, Utah 84070</u><br>(City) _____ (State) _____ (Zip) _____ |                                      | <u>International Automated Systems (Ias)</u><br>4. Statement for Month/Day/Year <u>Dec 13, 2002</u><br>5. If Amendment, Date of Original (Month/Day/Year) _____ |                                | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                           |       |                                                                                               |                                                          |                                                       |
| Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned                                                                                                     |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |
| 1. Title of Security (Instr. 3)                                                                                                                                                      | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year)                                                                                                              | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)                                                                                                                                                                        |       | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock                                                                                                                                                                         | 12/13/02                             | 12/13/02                                                                                                                                                        | S                              | Amount                                                                                                                                                                                                                                   | Price | 4,693,000                                                                                     | D                                                        |                                                       |
| Common Stock                                                                                                                                                                         | 12/13/02                             | 12/13/02                                                                                                                                                        | S                              | Amount                                                                                                                                                                                                                                   | Price | 4,673,000                                                                                     | D                                                        |                                                       |
|                                                                                                                                                                                      |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |
|                                                                                                                                                                                      |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |
|                                                                                                                                                                                      |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |
|                                                                                                                                                                                      |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |
|                                                                                                                                                                                      |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |
|                                                                                                                                                                                      |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |
|                                                                                                                                                                                      |                                      |                                                                                                                                                                 |                                |                                                                                                                                                                                                                                          |       |                                                                                               |                                                          |                                                       |

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).

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.

(Over)  
SEC 1474 (9-02)

FORM 4 (continued)

Explanation of Responses:

  
Signature of Reporting Person

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.

Subj: **Sale of International Automated Systems**  
Date: 12/18/2002 6:19:20 PM Mountain Standard Time  
From: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)  
To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
*Sent from the Internet (Details)*

Dear David:

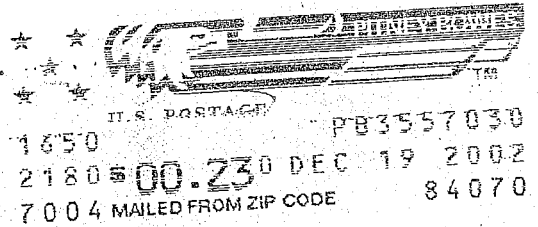
I sold today 5000 shares of IAUS at a price of .32 with the proceeds of 1519.95 completed 12/18/02.  
should you have any questions please give me a call.

Sincerely,

John M. Magrath  
Financial Consultant  
Salomon Smith Barney  
282 West River Bend Lane Suite 300  
Provo, Utah  
Fax 801-426-7297  
Toll Free 800-421-8530  
Direct Line: 801-426-7250  
email: [john.m.magrath@rssmb.com](mailto:john.m.magrath@rssmb.com)

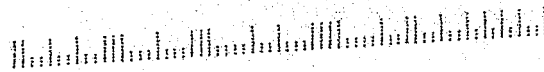
-----  
Reminder: E-mail sent through the Internet is not secure.  
Do not use e-mail to send us confidential information  
such as credit card numbers, changes of address, PIN  
numbers, passwords, or other important information.  
Do not e-mail orders to buy or sell securities, transfer  
funds, or send time sensitive instructions. We will not  
accept such orders or instructions. This e-mail is not  
an official trade confirmation for transactions executed  
for your account. Your e-mail message is not private in  
that it is subject to review by the Firm, its officers,  
agents and employees.  
-----

Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

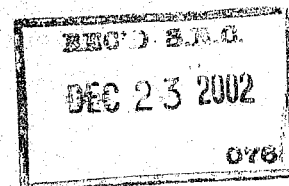


Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

407044104 02



Please Acknowledge receipt of:

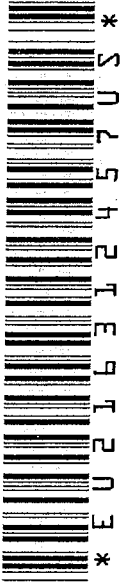


Reporting Person: J. David Nelson  
Issuer: International Automated Systems (IAUS)  
Form Received: SEC Form 4 (Original & 2 copies)  
Statement For: December 18, 2002



UNITED STATES POSTAL SERVICE®

## POST OFFICE TO ADDRESSEE



## ORIGIN (POSTAL USE ONLY)

|                                                                                        |                                                                                             |                                                |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------|
| PO ZIP Code<br>87070                                                                   | Day of Delivery<br>Next <input checked="" type="checkbox"/> Second <input type="checkbox"/> | Flat Rate Envelope<br><input type="checkbox"/> |
| Date In<br>Mo. Day Year<br>11 10 2                                                     | Postage<br>\$ 3.61                                                                          |                                                |
| Time In<br>AM <input type="checkbox"/> PM <input type="checkbox"/><br>Weight<br>2 lbs. | Military<br>Int'l Alpha Country Code                                                        | Return Receipt Fee                             |
| No Delivery<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday       | Acceptance Clerk Initials<br>12                                                             | COD Fee                                        |
|                                                                                        |                                                                                             | Insurance Fee                                  |
|                                                                                        |                                                                                             | Total Postage & Fees<br>\$ 6.91                |

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's employee. My employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

## CUSTOMER USE ONLY

## METHOD OF PAYMENT

Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT)

PHONE ( 361 ) 576-1466

TO: (PLEASE PRINT)

PHONE ( )

J. David Nelson  
11504 P (EASTSIDE)  
10885 SE State Street  
Gandy, UT 84707

Bowling Green College Commission  
450 SE 2nd St, N.W.  
Washington, DC

ZIP + 4

2 0 5 4 7 + ☐ ☐ ☐ ☐ ☐ ☐

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

Customer Copy  
Label 11-B May 2001



Please Acknowledge receipt of:

EU 216312457 US

Reporting Person: J. David Nelson  
 Issuer: International Automated Systems (IAUS)  
 Form Received: SEC Form 4 (Original & 2 copies)  
 Statement For: December 18, 2002

**EXPRESS**  
**MAIL**  
 U.S. POSTAL SERVICE®

**POST OFFICE TO ADDRESSEE****POSTAL USE ONLY**

|                                  |                                  |                                  |                               |
|----------------------------------|----------------------------------|----------------------------------|-------------------------------|
| Day of Delivery                  |                                  | Flat Rate Envelope               |                               |
| <input type="checkbox"/> Next    | <input type="checkbox"/> Second  | <input type="checkbox"/>         |                               |
| Day                              | Year                             | <input type="checkbox"/> 12 Noon | <input type="checkbox"/> 3 PM |
| Military                         |                                  | Postage                          |                               |
| <input type="checkbox"/> PM      | <input type="checkbox"/> 2nd Day | <input type="checkbox"/> 3rd Day | \$                            |
| Int'l Alpha Country Code         |                                  | Return Receipt Fee               |                               |
| OZS.                             |                                  | COD Fee                          | Insurance Fee                 |
| <input type="checkbox"/> Holiday |                                  | Acceptance Clerk Initials        |                               |
|                                  |                                  | Total Postage & Fees             |                               |
|                                  |                                  | \$                               |                               |

**DELIVERY (POSTAL USE ONLY)**

|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                         |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|
| Delivery Attempt                                                                                                                                                                                                                                                                                                                                                                                              | Time                                                    | Employee Signature |
| Mo. Day                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Attempt                                                                                                                                                                                                                                                                                                                                                                                              | Time                                                    | Employee Signature |
| Mo. Day                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Date                                                                                                                                                                                                                                                                                                                                                                                                 | Time                                                    | Employee Signature |
| Mo. Day                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| <input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Only):</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. |                                                         |                    |
| <b>NO DELIVERY:</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday                                                                                                                                                                                                                                                                                                                         |                                                         |                    |
| Customer Signature                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |                    |

**RECIPIENT USE ONLY**

|                                                                                  |  |                                                                            |  |
|----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| <b>PAYMENT</b><br>Corporate Acct. No.                                            |  | Federal Agency Acct. No. or<br>Postal Service Acct. No.                    |  |
| PHONE ( 801 ) 576-1406                                                           |  | TO: (PLEASE PRINT) PHONE ( )                                               |  |
| J. David Nelson<br>USD & P (IAS/SEC)<br>10885 So State Street<br>Sandy, UT 84070 |  | Securities & Exchange Commission<br>450 5th Street, N.W.<br>Washington, DC |  |
| ZIP + 4<br>2 0 5 4 9 +                                                           |  | ZIP + 4<br>2 0 5 4 9 +                                                     |  |

**HARD.**  
 Making 3 copies.

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**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

**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(h) of the Investment Company Act of 1940

(Print or Type Responses)

|                                          |                                |                                                            |                                                                                                                                                                                                                |
|------------------------------------------|--------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person* |                                | 2. Issuer Name and Ticker or Trading Symbol                | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                                                                                                                                     |
| (Last)<br><i>NELSON J. DAVEN</i>         | (Middle)<br><i>(Middle)</i>    | 4. Statement for<br>Month/Day/Year<br><i>Dec. 18, 2002</i> | Director<br>_____<br>Officer (give title below)<br>_____<br>Other (specify below)<br>_____<br>10% Owner<br><input checked="" type="checkbox"/> _____                                                           |
| (First)<br><i>10885 South State</i>      | (Street)<br><i>Sandy, Utah</i> |                                                            |                                                                                                                                                                                                                |
| (City)<br><i>84070</i>                   | (State)<br><i>(Zip)</i>        | 5. If Amendment, Date of Original (Month/Day/Year)         | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

**Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year) | 3. Transaction Code<br>(Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |                           | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Owner-ship Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Owner-ship<br>(Instr. 4) |
|------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|
|                                    |                                         |                                                       |                                   | Code                                                                 | V<br>Amount<br>(A) or (D) | Price                                                                                            |                                                              |                                                           |
| <i>Common Stock</i>                | <i>12/18/02</i>                         | <i>12/18/02</i>                                       | <i>S</i>                          |                                                                      | <i>5,000 D</i>            | <i>0.32</i>                                                                                      | <i>4,668,000 D</i>                                           |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |
|                                    |                                         |                                                       |                                   |                                                                      |                           |                                                                                                  |                                                              |                                                           |

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).

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.

(Over)  
SEC 1474 (9-02)

OMB APPROVAL  
OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response: . . . . . 0.5



Subj: **Sale of IAUS Shares**  
Date: 12/24/2002 8:54:24 AM Mountain Standard Time  
From: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)  
To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

Dear David

This is to report the sale of IAUS shares in your account 883-03188  
Sold 40000 @.31 with the proceeds of 11,779.62 sold on 12/24/02.

Have a merry Christmas.

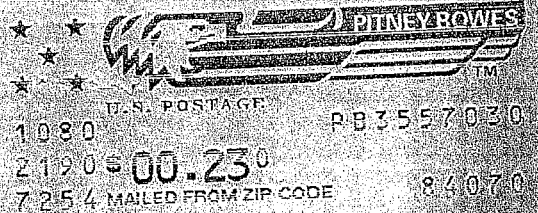
Sincerely,

John M. Magrath  
Financial Consultant  
Salomon Smith Barney  
282 West River Bend Lane Suite 300  
Provo, Utah  
Fax 801-426-7297  
Toll Free 800-421-8530  
Direct Line: 801-426-7250  
email: [john.m.magrath@rssmb.com](mailto:john.m.magrath@rssmb.com)

-----  
Reminder: E-mail sent through the Internet is not secure.  
Do not use e-mail to send us confidential information  
such as credit card numbers, changes of address, PIN  
numbers, passwords, or other important information.  
Do not e-mail orders to buy or sell securities, transfer  
funds, or send time sensitive instructions. We will not  
accept such orders or instructions. This e-mail is not  
an official trade confirmation for transactions executed  
for your account. Your e-mail message is not private in  
that it is subject to review by the Firm, its officers,  
agents and employees.  
-----



Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

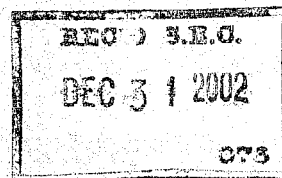


Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

84070+4164



Please Acknowledge receipt of:



|                   |                                        |
|-------------------|----------------------------------------|
| Reporting Person: | J. David Nelson                        |
| Issuer:           | International Automated Systems (IAUS) |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | December 24, 2002                      |



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\* E U 2 1 6 3 1 2 4 4 3 U S \*

POST OFFICE TO ADDRESSEE

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| ORIGIN (POSTAL USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                  |  | DELIVERY (POSTAL USE ONLY)                                                          |  |                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|--------------------|--|
| ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Day of Delivery<br><input type="checkbox"/> Next <input type="checkbox"/> Second |  | Delivery Attempt<br>Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM |  | Employee Signature |  |
| Rate In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Postage                                                                          |  | Delivery Attempt<br>Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM |  | Employee Signature |  |
| Mo. Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Return Receipt Fee                                                               |  | Delivery Date<br>Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM    |  | Employee Signature |  |
| Time In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | COD Fee                                                                          |  | Mo. Day <input type="checkbox"/> AM <input type="checkbox"/> PM                     |  |                    |  |
| Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Insurance Fee                                                                    |  |                                                                                     |  |                    |  |
| lbs. ozs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Total Postage & Fees                                                             |  |                                                                                     |  |                    |  |
| <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                     |  |                    |  |
| <p><b>CUSTOMER USE ONLY</b></p> <p><b>FROM:</b> (PLEASE PRINT) J. David Newson<br/>NSD&amp;P (IAS/sec)<br/>10885 So. State Street<br/>Sandy, UT 84070</p> <p><b>TO:</b> (PLEASE PRINT) Securities &amp; Exchange Comm.<br/>450 5<sup>TH</sup> Street, N.W.<br/>Washington, D.C.</p> <p><b>PHONE:</b> (PLEASE PRINT) 801.576-1400</p> <p><b>FEDERAL AGENCY ACCT. NO. OR POSTAL SERVICE ACCT. NO.</b></p> <p><b>ZIP + 4</b> 2 0 5 4 9 + <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday</p> <p><b>WAIVER OF SIGNATURE (Domestic Only):</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.</p> <p><b>CUSTOMER SIGNATURE</b></p> |  |                                                                                  |  |                                                                                     |  |                    |  |

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EU 216312443 US

|                   |                                        |
|-------------------|----------------------------------------|
| Reporting Person: | J. David Nelson                        |
| Issuer:           | International Automated Systems (IAUS) |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | December 24, 2002                      |

# 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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Form 3 organizations may continue.  
See Instruction 1(b).  
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)

|                                                         |                  |
|---------------------------------------------------------|------------------|
| OMB APPROVAL                                            |                  |
| OMB Number:                                             | 3235-0287        |
| Expires:                                                | January 31, 2005 |
| Estimated average burden<br>hours per response..... 0.5 |                  |

|                                           |  |                                                                               |  |                                                                                                                                                                                                                |  |
|-------------------------------------------|--|-------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*  |  | 2. Issuer Name and Ticker or Trading Symbol                                   |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                                                                                                                                     |  |
| NELSON J. DAYD<br>(Last) (First) (Middle) |  | International Automated Systems (IANS)                                        |  | Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/><br>Officer (give title below) _____ Other (specify below) _____                                                     |  |
| 10885 South State<br>(Street)             |  | 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary) |  | 4. Statement for Month/Day/Year<br>Dec. 24, 2002                                                                                                                                                               |  |
| Sandy Utah 84070<br>(City) (State) (Zip)  |  | 5. If Amendment, Date of Original (Month/Day/Year)                            |  | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

[illegible]

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).

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.

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

**\*\* 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.

**\*\*Signature of Reporting Person**

12/27/02  
Date

SALOMON SMITH BARNEY INC.

282 W RIVER BEND LN

SUITE 300

PROVO UT 84604

Account Number:

883-03188-1-5-050

Financial Consultant:

JOHN MAGRATH

801-426-7200

A member of citigroup

Page 1 of 1



J DAVID NELSON  
SPECIAL CLIENT ACCOUNT  
10885 SOUTH STATE  
SANDY UT 84070-4104

#681

|                             |                    |
|-----------------------------|--------------------|
| Summary For Settlement Date | 12/27/2002         |
| Total Sales                 | \$ 1,567.45        |
| Net Amount                  | \$ 1,567.45 Credit |

ou Sold 5,000 at a price of .33

INTERNATIONAL AUTOMATED SYS  
OLD UNDER RULE 144  
SEE NONSOLICITATION NOTE BELOW

|                 |             |
|-----------------|-------------|
| Gross Amount    | \$ 1,650.00 |
| Commission      | 77.50       |
| SEC Fee         | .05         |
| Transaction Fee | 5.00        |
| Amount          | \$ 1,567.45 |
| Settlement Date | 12/27/2002  |

ade Date: 12/23/2002  
arket: Over-The-Counter

CUSIP#: 459039-10-3  
Security#: H561181  
Symbol: IAUS

Unsolicited Order  
Cash Acct.  
Ref #: 169199

HOLD PROCEEDS

e acted as your agent in this transaction.

## NONSOLICITATION NOTE:

is will confirm that the order(s) described above was not solicited in any way by, nor made on the basis of any recommendation or information from Salomon Smith Barney Inc., its Research Department, or any of its employees. If this is not in accordance with your understanding of this order, please contact the Branch Manager of the office servicing your account immediately.

IAS Re: Sal 1/5 turn



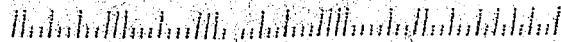
Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070



21805 00.238 JAN 22, 2003  
8137 MAILED FROM ZIP CODE 84070

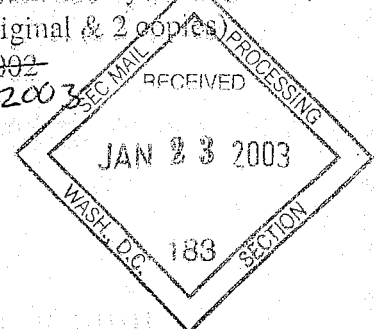
Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

84070+4104



Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
Issuer: International Automated Systems (IAUS)  
Form Received: SEC Form 4 (Original & 2 copies)  
Statement For: ~~December 24, 2002~~  
January 17, 2003



EU 216312465 US

Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
 Issuer: International Automated Systems (IAUS)  
 Form Received: SEC Form 4 (Original & 2 copies)  
 Statement For: ~~December 14, 2002~~  
 January 17, 2003



\* E U 2 1 6 3 1 2 4 6 5 U S \*

PRESS

IL

TAL SERVICE®

POST OFFICE TO ADDRESSEE

AL USE ONLY

|                                                                   |                          |
|-------------------------------------------------------------------|--------------------------|
| Day of Delivery                                                   | Flat Rate Envelope       |
| <input type="checkbox"/> Next <input type="checkbox"/> Second     | <input type="checkbox"/> |
| Year                                                              | Postage                  |
| <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM    | \$                       |
| Military                                                          | Return Receipt Fee       |
| <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day |                          |
| Int'l Alpha Country Code                                          | COD Fee Insurance Fee    |
| Acceptance Clerk Initials                                         | Total Postage & Fees     |
|                                                                   | \$                       |

DELIVERY (POSTAL USE ONLY)

|                  |                                                         |                    |
|------------------|---------------------------------------------------------|--------------------|
| Delivery Attempt | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Attempt | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Date    | Time                                                    | Employee Signature |
| Mo. Day          | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |

☐ **WAIVER OF SIGNATURE** (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

USE ONLY

|                                                      |
|------------------------------------------------------|
| Federal Agency Acct. No. or Postal Service Acct. No. |
| PRINT) PHONE ( 801 ) 576-1700                        |

David Nelson  
 SD & P (IAS/SEC)  
 885 So. State Street  
 ndy, UT 84070

TO: (PLEASE PRINT)

PHONE ( )

Securities & Exchange  
 Commission  
 450 5th Street N.W.  
 Washington, DC

ZIP + 4

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| 2 | 0 | 5 | 4 | 9 | + |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

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**FORM 4**

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

**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(h) of the Investment Company Act of 1940

|                                                            |                           |
|------------------------------------------------------------|---------------------------|
| <b>OMB APPROVAL</b>                                        |                           |
| OMB Number: 3235-0287                                      | Expires: January 31, 2005 |
| Estimated average burden hours per response: . . . . . 0.5 |                           |

|                                           |         |                                             |                                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                 |
|-------------------------------------------|---------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Name and Address of Reporting Person * |         | 2. Issuer Name and Ticker or Trading Symbol |                                                                                                                                                                                                                | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/><br>Officer (give title below) _____ Other (specify below) _____ |                                 |
| (Last)                                    | (First) | (Middle)                                    | 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)                                                                                                                                  |                                                                                                                                                                                                                                          | 4. Statement for Month/Day/Year |
| Nelson J. Davidson                        |         |                                             |                                                                                                                                                                                                                |                                                                                                                                                                                                                                          | January 14 2003                 |
| 10885 South State                         |         |                                             | 5. If Amendment, Date of Original (Month/Day/Year)                                                                                                                                                             |                                                                                                                                                                                                                                          |                                 |
| (Street)                                  |         |                                             |                                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                 |
| Sandy Utah 84070                          |         |                                             | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |                                                                                                                                                                                                                                          |                                 |
| (City)                                    |         |                                             | (State)                                                                                                                                                                                                        |                                                                                                                                                                                                                                          | (Zip)                           |

**Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year) | 3. Transaction Code<br>(Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |            | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
|                                    |                                         |                                                       |                                   | Amount                                                               | (A) or (D) | Price                                                                                            |                                                             |                                                          |
| Common Stock                       | 01/14/03                                | 01/14/03                                              | S                                 | 20,000                                                               | D          | 0.34                                                                                             | D                                                           |                                                          |
| Common Stock                       | 01/14/03                                | 01/14/03                                              | S                                 | 20,000                                                               | D          | 0.3325                                                                                           | D                                                           |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |
|                                    |                                         |                                                       |                                   |                                                                      |            |                                                                                                  |                                                             |                                                          |

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).

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.

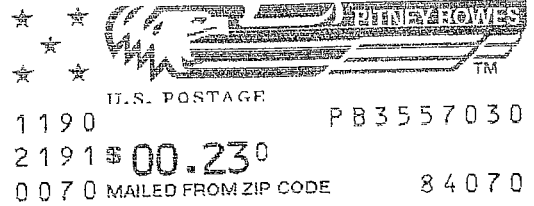
(Over)  
SEC 1474 (9-02)

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

### Explanation of Responses:

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.

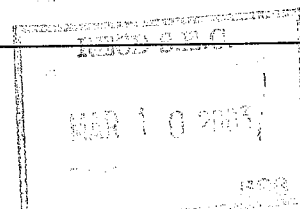
Nelson, Snider, Dahlia & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070



Nelson, Snider, Dahlia & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

84070+4104

Please Acknowledge receipt of:



|                   |                                        |
|-------------------|----------------------------------------|
| Reporting Person: | J. David Nelson                        |
| Issuer:           | International Automated Systems (IAUS) |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | March 3, 2003                          |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | March 4, 2003                          |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | March 5, 2003                          |



Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
 Issuer: International Automated Systems (IAUS)

Form Received: SEC Form 4 (Original & 2 copies)  
 Statement For: March 3, 2003

Form Received: SEC Form 4 (Original & 2 copies)  
 Statement For: March 4, 2003

Form Received: SEC Form 4 (Original & 2 copies)  
 Statement For: March 5, 2003

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|-------------------------------------------------------------------|--|--------------------------|---------------|
| Day of Delivery                                                   |  | Flat Rate Envelope       |               |
| <input type="checkbox"/> Next <input type="checkbox"/> Second     |  | <input type="checkbox"/> |               |
| <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM    |  | Postage                  |               |
| <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day |  | Return Receipt Fee       |               |
| Int'l Alpha Country Code                                          |  | COD Fee                  | Insurance Fee |
| Acceptance Clerk Initials                                         |  | Total Postage & Fees     |               |
|                                                                   |  | \$                       |               |

| DELIVERY (POSTAL USE ONLY) |                                                         |                    |
|----------------------------|---------------------------------------------------------|--------------------|
| Delivery Attempt           | Time                                                    | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Attempt           | Time                                                    | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |
| Delivery Date              | Time                                                    | Employee Signature |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |

☐ **WAIVER OF SIGNATURE** (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

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|--------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Federal Agency Acct. No. or Postal Service Acct. No.                     |                                                                              |
| PRINT) PHONE (801) 576-1400                                              | TO: (PLEASE PRINT) PHONE ( )                                                 |
| David Nelson<br>O&P (IAS/SEC)<br>885 So. State Street<br>Sandy, UT 84070 | Securities & Exchange<br>Commission<br>450 5th Street N.W.<br>Washington, DC |
| ZIP + 4                                                                  |                                                                              |
| 2 0 5 4 9 +                                                              |                                                                              |

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden  
hours per response: 0.5

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

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

|                                                                                                                                                                                                     |         |                                             |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person*                                                                                                                                                            |         | 2. Issuer Name and Ticker or Trading Symbol | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                            |
| (Last)                                                                                                                                                                                              | (First) | (Middle)                                    | Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Other (specify below) |
| 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)                                                                                                                       |         | 4. Statement for Month/Day/Year             |                                                                                                       |
|                                                                                                                                                                                                     |         | 03/05/03                                    |                                                                                                       |
| 5. If Amendment, Date of Original (Month/Day/Year)                                                                                                                                                  |         |                                             |                                                                                                       |
|                                                                                                                                                                                                     |         |                                             |                                                                                                       |
| 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |         |                                             |                                                                                                       |

| Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |  |
|----------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|--|
| 1. Title of Security (Instr. 3)                                                  | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |
|                                                                                  |                                      |                                                    |                                | Amount                                                            | (A) or (D) |                                                                                               |                                                          |                                                       |  |
| Common Stock                                                                     | 03/05/03                             | 03/05/03                                           | S                              | 10,000                                                            | D          | 0.25                                                                                          | D                                                        |                                                       |  |
| Common Stock                                                                     | 03/05/03                             | 03/05/03                                           | S                              | 15,000                                                            | D          | 0.24                                                                                          | D                                                        |                                                       |  |
| Common Stock                                                                     | 03/05/03                             | 03/05/03                                           | S                              | 10,000                                                            | D          | 0.24                                                                                          | D                                                        |                                                       |  |
| Common Stock                                                                     | 03/05/03                             | 03/05/03                                           | S                              | 10,000                                                            | D          | 0.23                                                                                          | D                                                        |                                                       |  |
| Common Stock                                                                     | 03/05/03                             | 03/05/03                                           | S                              | 10,000                                                            | D          | 0.235                                                                                         | D                                                        |                                                       |  |
| Common Stock                                                                     | 03/05/03                             | 03/05/03                                           | S                              | 5,000                                                             | D          | 0.24                                                                                          | D                                                        |                                                       |  |

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).

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.

(Over)  
SEC 1474 (9-02)

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.

# 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

## 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(h) of the Investment Company Act of 1940.

|                                                         |                  |
|---------------------------------------------------------|------------------|
| OMB APPROVAL                                            |                  |
| OMB Number:                                             | 3235-0287        |
| Expires:                                                | January 31, 2005 |
| Estimated average burden<br>hours per response..... 0.5 |                  |

|                                              |  |                                                                                                                        |  |                                                                                                                                                                                                  |  |                                                                                                                                                 |  |
|----------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*     |  | 2. Issuer Name and Ticker or Trading Symbol                                                                            |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                                                                                                                       |  | 7. Individual or Joint/Group Filing (Check Applicable Line)                                                                                     |  |
| Nelson; J. D. AND<br>(Last) (First) (Middle) |  | International Automated Systems (IAS)<br>3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary) |  | Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/><br>Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/> |  | Form filed by One Reporting Person <input checked="" type="checkbox"/><br>Form filed by More than One Reporting Person <input type="checkbox"/> |  |
| 10885 south state<br>(Street)                |  | 4. Statement for Month/Day/Year<br>03/04/03                                                                            |  |                                                                                                                                                                                                  |  |                                                                                                                                                 |  |
| Sandy Utah 84070<br>(City) (State) (Zip)     |  | 5. If Amendment, Date of Original (Month/Day/Year)                                                                     |  |                                                                                                                                                                                                  |  |                                                                                                                                                 |  |

| Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |       |   |   |
|----------------------------------------------------------------------------------|-------|---|---|
| 3                                                                                | Trans | 4 | C |

[illegible]

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).

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.

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

[illegible]

**Explanation of Responses:**

**\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.  
See 18 U.S.C. 1001 and 15 U.S.C. 76ff(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.

**\*\*Signature of Reporting Person**

**Date**



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

**FORM 4**

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction I(b).  
(Print or Type Responses)

**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(h) of the Investment Company Act of 1940

OMB APPROVAL  
OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response: 0.5

|                                             |  |                                                    |  |                                                                                                                                                                                                                |  |
|---------------------------------------------|--|----------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*    |  | 2. Issuer Name and Ticker or Trading Symbol        |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director<br>____ Officer (give title below)<br>____ 10% Owner<br>____ Other (specify below)                                 |  |
| Nelson, J. David<br>(Last) (First) (Middle) |  | Integrated Automated Systems (IASIS)               |  |                                                                                                                                                                                                                |  |
| 10885 South State<br>(Street)               |  | 4. Statement for Month/Day/Year<br>03/03/2003      |  |                                                                                                                                                                                                                |  |
| Sandy, Utah 84070<br>(City) (State) (Zip)   |  | 5. If Amendment, Date of Original (Month/Day/Year) |  | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                   | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
|                                 |                                      |                                                    |                                | Code                                                              | Amount (A) or (D) | Price                                                                                         |                                                          |                                                       |
| Common Stock                    | 03/03/03                             | 03/03/03                                           | S                              |                                                                   | 20,000            | D 0.2575                                                                                      | D                                                        |                                                       |
| Common Stock                    | 03/03/03                             | 03/03/03                                           | S                              |                                                                   | 20,000            | D 0.2625                                                                                      | D                                                        |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |                   |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |                   |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |                   |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |                   |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |                   |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |                   |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |                   |                                                                                               |                                                          |                                                       |

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).

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.

(Over)  
SEC 1474 (9-02)



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.

Subj: **Sales of IAUS for J David Nelson**  
 Date: 4/24/2003 5:12:21 PM Mountain Daylight Time  
 From: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)  
 To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
 CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

Dear David:

I finally got some sales off today on IAUS

|                |          |      |       |       |          |          |
|----------------|----------|------|-------|-------|----------|----------|
| J David Nelson | 04/24/03 | IAUS | 25000 | @ .23 | Proceeds | 5,462.23 |
| J David Nelson | 04/24/03 | IAUS | 15000 | @ .18 | Proceeds | 2,564.87 |
| J David Nelson | 04/24/03 | IAUS | 5000  | @ .19 | Proceeds | 874.95   |
| J David Nelson | 04/24/03 | IAUS | 5000  | @ .19 | Proceeds | 874.95   |

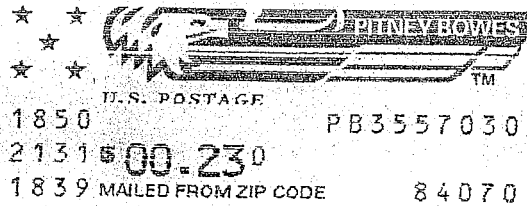
the above trades need to be reported on a Form 4.

Sincerely,

John M. Magrath  
 Financial Consultant  
 Smith Barney  
 282 West River Bend Lane Suite 300  
 Provo, Utah  
 Fax 801-426-7297  
 Toll Free 800-421-8530  
 Direct Line: 801-426-7250  
 email: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)

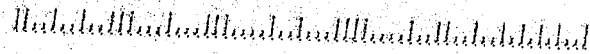
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Sandy, Utah 84070

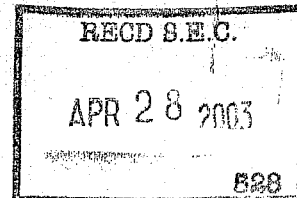


Nelson, Snuffer, Dahle & Poulsen, F.C.  
10885 South State St.  
Sandy, Utah 84070

02



Please Acknowledge receipt of:



|                   |                                        |
|-------------------|----------------------------------------|
| Reporting Person: | J. David Nelson                        |
| Issuer:           | International Automated Systems (IAUS) |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | April 24, 2003                         |



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| Po ZIP Code                                                                                            |  | Day of Delivery                                                   |                                 | Flat Rate Envelope       |  |
|                                                                                                        |  | <input type="checkbox"/> Next                                     | <input type="checkbox"/> Second | <input type="checkbox"/> |  |
| Date In                                                                                                |  | Postage                                                           |                                 |                          |  |
| Mo. Day Year                                                                                           |  | 12 Noon <input type="checkbox"/> 3 PM                             |                                 | \$ 13.65                 |  |
| Time In                                                                                                |  | Military                                                          |                                 | Return Receipt Fee       |  |
| <input type="checkbox"/> AM <input type="checkbox"/> PM                                                |  | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day |                                 | COD Fee                  |  |
| Weight                                                                                                 |  | Int'l Alpha Country Code                                          |                                 | Insurance Fee            |  |
| lbs. ozs.                                                                                              |  | Acceptance Clerk Initials                                         |                                 | Total Postage & Fees     |  |
| <input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday |  | 72                                                                |                                 | \$ 13.65                 |  |

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☐ NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE ( )

TO: (PLEASE PRINT)

PHONE ( )

J. David Nelson  
USO&P (IAS/SEC)  
10885 50 State Street  
Sandy, UT 84070

Securities & Exchange  
Commission  
450 5th Street N.W.  
Washington, DC 20549

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



Label 11-B September 1999

EK917671870US

Please Acknowledge receipt of:

|                   |                                        |
|-------------------|----------------------------------------|
| Reporting Person: | J. David Nelson                        |
| Issuer:           | International Automated Systems (IAUS) |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | April 24, 2003                         |



# 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

### 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(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response: 0.5

|                                           |          |                                                                               |                                                                                                                                                                                                                |
|-------------------------------------------|----------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person * |          | 2. Issuer Name and Ticker or Trading Symbol (IPLUS)                           | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable)                                                                                                                                        |
| (Last)<br>NELSON J. DAVO                  | (Middle) | 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary) | Director <input type="checkbox"/> 10% Owner <input type="checkbox"/><br>Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>                                     |
| (First)<br>10885 Sentz State              | (Street) | 4. Statement for Month/Day/Year<br>04/24/03                                   |                                                                                                                                                                                                                |
| (State)<br>Sandy Utah 84070               | (Zip)    | 5. If Amendment, Date of Original (Month/Day/Year)                            | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

| Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                                             |                                                                           |                                           |   |                                                                         |                                                                                                                    |                                                                                 |                                                          |        |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|---|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|--------|
| 1. Title of Security<br>(Instr. 3)                                               | 2. Trans-<br>action<br>Date<br><br>(Month/<br>Day/<br>Year) | 2A.<br>Deemed<br>Execution<br>Date, if<br>any<br>(Month/<br>Day/<br>Year) | 3. Trans-<br>action<br>Code<br>(Instr. 8) |   | 4. Securities Acquired (A)<br>or Disposed of (D)<br>(Instr. 3, 4 and 5) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Owner-<br>ship<br>Form:<br>Direct<br>(D) or<br>Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Owner-<br>ship<br>(Instr. 4) |        |
|                                                                                  |                                                             |                                                                           | Code                                      | V |                                                                         |                                                                                                                    |                                                                                 |                                                          | Amount |
| Common Stock                                                                     | 04/24/03                                                    | 04/24/03                                                                  | S                                         |   | 25,000 D                                                                | 0.23 4,453,000                                                                                                     | D                                                                               |                                                          |        |
| Common Stock                                                                     | 04/24/03                                                    | 04/24/03                                                                  | S                                         |   | 15,000 D                                                                | 0.18 4,438,000                                                                                                     | D                                                                               |                                                          |        |
| Common Stock                                                                     | 04/24/03                                                    | 04/24/03                                                                  | S                                         |   | 5,000 D                                                                 | 0.19 4,433,000                                                                                                     | D                                                                               |                                                          |        |
| Common Stock                                                                     | 04/24/03                                                    | 04/24/03                                                                  | S                                         |   | 5,000 D                                                                 | 0.19 4,428,000                                                                                                     | D                                                                               |                                                          |        |
|                                                                                  |                                                             |                                                                           |                                           |   |                                                                         |                                                                                                                    |                                                                                 |                                                          |        |
|                                                                                  |                                                             |                                                                           |                                           |   |                                                                         |                                                                                                                    |                                                                                 |                                                          |        |

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).

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.

(Over)  
SEC 1474 (9-02)

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

### Explanation of Responses:

**\*\*Signature of Reporting Person**

**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.

Subj: **Sales Of International Automated /Systems**  
Date: 5/7/2003 3:55:03 PM Mountain Daylight Time  
From: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)  
To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

Dear David:

I sold the following today for your account 883---03188-1-5-050.

Sold 10000 shares of IAUS @ .17 Total \$1614.92.

This leaves 25000 shares left to sell on this approval of 130000 resently filed. This needs to be reported on a Form 4.

Sincerely,

John M. Magrath  
Financial Consultant  
Smith Barney  
282 West River Bend Lane Suite 300  
Provo, Utah  
Fax 801-426-7297  
Toll Free 800-421-8530  
Direct Line: 801-426-7250  
email: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)

-----  
Reminder: E-mail sent through the Internet is not secure.  
Do not use e-mail to send us confidential information  
such as credit card numbers, changes of address, PIN  
numbers, passwords, or other important information.  
Do not e-mail orders to buy or sell securities, transfer  
funds, or send time sensitive instructions. We will not  
accept such orders or instructions. This e-mail is not  
an official trade confirmation for transactions executed  
for your account. Your e-mail message is not private in  
that it is subject to review by the Firm, its officers,  
agents and employees.  
-----

Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070



U.S. POSTAGE

1240

PB3557030

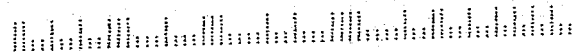
2101 \$00.230

2491 MAILED FROM ZIP CODE

84070

Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

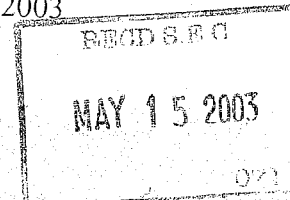
02



Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
Issuer: International Automated Systems  
(IAUS)

Form Received: SEC Form 4 (Original & 2 copies)  
Statement For: May 7, 2003





### Explanation of Responses:

**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.

Date: \_\_\_\_\_



Your Broker/Dealer is

CITIGROUP GLOBAL MKTS INC.  
282 W RIVER BEND LN  
SUITE 300  
PROVO UT 84604

Account Number: 883-03188-1-5-050  
Financial Consultant: JOHN MAGRATH  
801-426-7200

Page 1 of 1



J DAVID NELSON  
SPECIAL CLIENT ACCOUNT  
10885 SOUTH STATE  
SANDY UT 84070-4104

#2,053

|                             |                    |
|-----------------------------|--------------------|
| Summary For Settlement Date | 05/06/2003         |
| Total Sales                 | \$ 3,182.34        |
| Net Amount                  | \$ 3,182.34 Credit |

You Sold 25,000 at a price of .134

INTERNATIONAL AUTOMATED SYS  
SOLD UNDER RULE 144  
AVG PRICE SHOWN-DETAILS ON REQ  
SEE NONSOLICITATION NOTE BELOW

|                 |             |
|-----------------|-------------|
| Gross Amount    | \$ 3,350.00 |
| Commission      | 162.50      |
| SEC Fee         | .16         |
| Transaction Fee | 5.00        |
| Amount          | \$ 3,182.34 |
| Settlement Date | 05/06/2003  |

Trade Date: 05/01/2003  
Market: Over-The-Counter

CUSIP#: 459039-10-3  
Security#: H561181  
Symbol: IAUS

Unsolicited Order  
Cash Acct.  
Ref #: 204806

HOLD PROCEEDS

We acted as your agent in this transaction.

## NONSOLICITATION NOTE:

This will confirm that the order(s) described above was not solicited in any way by, nor made on the basis of any recommendation or information from Smith Barney, its Research Department, or any of its employees. If this is not in accordance with your understanding of this order, please contact the Branch Manager of the office servicing your account immediately.

*T/Cmt John McGrath  
5/6/03  
"He forgot to e-mail the  
sale notice to me"*

Please Acknowledge receipt of:

|                   |                                        |
|-------------------|----------------------------------------|
| Reporting Person: | J. David Nelson                        |
| Issuer:           | International Automated Systems (IAUS) |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | May 1, 2003                            |

EU 216312338 US



UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE



\* E U 2 1 6 3 1 2 3 3 8 U S \*

## ORIGIN (POSTAL USE ONLY)

|                                                                                  |                                                                                             |                                                |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------|
| PO/ZIP Code<br>04012                                                             | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope<br><input type="checkbox"/> |
| Date In<br>Mo. Day Year<br>3 05 2008                                             | Postage<br>\$ 1.00                                                                          |                                                |
| Time In<br>Mo. Day Year<br>3 05 2008                                             | Return Receipt Fee<br>\$                                                                    |                                                |
| <input type="checkbox"/> AM <input type="checkbox"/> PM                          | Military<br><input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM                  |                                                |
| Weight<br>2 lbs.                                                                 | Int'l Alpha Country Code                                                                    | Insurance Fee                                  |
| No Delivery<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials<br>TW                                                             | Total Postage & Fees<br>\$ 1.00                |

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location and authorizes that delivery employee's signature constitutes valid proof of delivery).

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

## CUSTOMER USE ONLY

## METHOD OF PAYMENT

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ( )

TO: (PLEASE PRINT)

PHONE ( )

ZIP+4

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| 2 | 0 | 5 | 4 | 9 | + |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

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Label 11-B May 2001

# FORM 4

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

(Print or Type Responses)

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

# 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(h) of the Investment Company Act of 1940

|                                                               |                  |
|---------------------------------------------------------------|------------------|
| OMB APPROVAL                                                  |                  |
| OMB Number:                                                   | 3235-0287        |
| Expires:                                                      | January 31, 2005 |
| Estimated average burden<br>hours per response: . . . . . 0.5 |                  |

|                                                                                                                                                                                                          |  |                                                                                                              |  |                                                                                                    |  |                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*                                                                                                                                                                 |  | 2. Issuer Name and Ticker or Trading Symbol                                                                  |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                         |  | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |
| (Last) <u>Nelson J. David</u><br>(First) _____<br>(Middle) _____<br><u>10885 South State St.</u><br>(Street) _____<br><u>Sandy, Utah</u><br>(City) _____<br><u>84070</u><br>(State) _____<br>(Zip) _____ |  | <u>International Automated Systems, INC. (IAAS)</u><br>4. Statement for<br>Month/Day/Year<br><u>05/01/03</u> |  | ___ Director<br>___ Officer (give<br>title below)<br>___ 10% Owner<br>___ Other (specify<br>below) |  | ___ Form filed by One Reporting Person<br>___ Form filed by More than One Reporting Person                                                                                                                     |  |

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

[illegible]

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).

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.

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

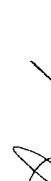
[illegible]

### Explanation of Responses:

\*\*\* 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.

  
\*\*Signature of Reporting Person

Subj: **Sale of IAUS Shares**  
Date: 5/9/2003 3:46:17 PM Mountain Daylight Time  
From: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)  
To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

Dear David:

I sold in your account 883-03188-1-5-050 the following today 5/9/2003

|      |             |          |           |
|------|-------------|----------|-----------|
| Sold | 15000 @ .13 | Proceeds | \$1852.40 |
| Sold | 5000 @ .17  | Proceeds | 774.96    |
| Sold | 5000 @ .17  | Proceeds | 774.96    |

These need to be reoprted on a Form 4 to the SEC.

Have a good week end.

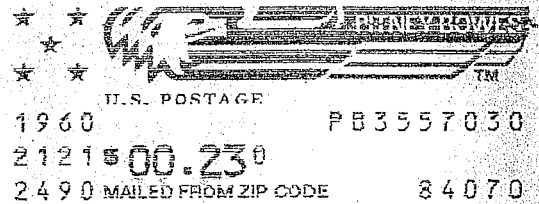
Sincerely,

John M. Magrath  
Financial Consultant  
Smith Barney  
282 West River Bend Lane Suite 300  
Provo, Utah  
Fax 801-426-7297  
Toll Free 800-421-8530  
Direct Line: 801-426-7250  
email: [john.m.magrath@smithbarney.com](mailto:john.m.magrath@smithbarney.com)

-----  
Reminder: E-mail sent through the Internet is not secure.  
Do not use e-mail to send us confidential information  
such as credit card numbers, changes of address, PIN  
numbers, passwords, or other important information.  
Do not e-mail orders to buy or sell securities, transfer  
funds, or send time sensitive instructions. We will not  
accept such orders or instructions. This e-mail is not  
an official trade confirmation for transactions executed  
for your account. Your e-mail message is not private in  
that it is subject to review by the Firm, its officers,  
agents and employees.  
-----

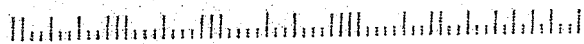


Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070



Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

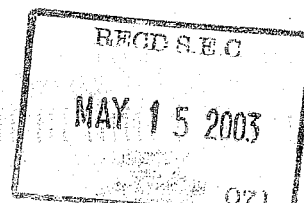
02



Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
Issuer: International Automated Systems  
(IAUS)

Form Received: SEC Form 4 (Original & 2 copies)  
Statement For: May 9, 2003





UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE



## ORIGIN (POSTAL USE ONLY)

|                                                                   |                                                               |
|-------------------------------------------------------------------|---------------------------------------------------------------|
| Flat Rate Envelope                                                | <input type="checkbox"/>                                      |
| Day of Delivery                                                   | <input type="checkbox"/> Next <input type="checkbox"/> Second |
| Date in                                                           | Postage                                                       |
| Mo. Day Year                                                      | \$                                                            |
| Time in                                                           | Return Receipt Fee                                            |
| Mo. Day Year                                                      | \$                                                            |
| AM <input type="checkbox"/> PM <input type="checkbox"/>           |                                                               |
| Weight                                                            |                                                               |
| lbs. ozs.                                                         |                                                               |
| No. Delivery                                                      |                                                               |
| <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday |                                                               |
| Int'l Alpha Country Code                                          |                                                               |
| Acceptance Clerk Initials                                         |                                                               |
| COD Fee                                                           |                                                               |
| Total Postage & Fees                                              |                                                               |
| Insurance Fee                                                     |                                                               |

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SERVICE GUARANTEE AND

INSURANCE COVERAGE LIMITS

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (for delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

## CUSTOMER USE ONLY

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Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

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PHONE ( )

801, 576-1400

TO: (PLEASE PRINT)

PHONE ( )

Securities & Exchange  
Commission  
450 South Street NW  
Washington, DC

ZIP + 4

2 0 5 4 9 +

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

Customer Copy  
Label 11-B May 2001

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

(Print or Type Responses)

1. Name and Address of Reporting Person\*

(Last) Nelson J. David (First) (Middle)  
10885 South State Street (Street)  
Sandy, Utah (City) 84070 (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

International Automated Systems, Inc. (Trans)  
 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)  
05709103  
 4. Statement for Month/Day/Year  
05/09/03  
 5. If Amendment, Date of Original (Month/Day/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable).  
 Director 1 10% Owner  
 Officer (give title below) Other (specify below)

7. Individual or Joint/Group Filing (Check Applicable Line)  
1 Form filed by One Reporting Person  
2 Form filed by More than One Reporting Person

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |     | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
|                                 |                                      |                                                    |                                | (A)                                                               | (D) |                                                                                               |                                                          |                                                       |
| Common Stock                    | 05/09/03                             | 05/09/03                                           | S                              | 15,000                                                            | D   | 4368,000                                                                                      | D                                                        |                                                       |
| Common Stock                    | 05/09/03                             | 05/09/03                                           | S                              | 5,000                                                             | D   | 4363,000                                                                                      | D                                                        |                                                       |
| Common Stock                    | 05/09/03                             | 05/09/03                                           | S                              | 5,000                                                             | D   | 4358,000                                                                                      | D                                                        |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |

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).

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.

(Over)  
 SEC 1474 (9-02)

Explanation of Responses:

*[Signature]*  
\* Signature of Reporting Person

05/13/03  
Date

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.

Subj:  
Date: 6/26/2003 2:42:58 PM Mountain Daylight Time  
From: [ann.c.fraedrich@smithbarney.com](mailto:ann.c.fraedrich@smithbarney.com)  
To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

the following trades done on 6-26-03 of International Automated Systems  
needs to be reported

883-03188-1-5-050 J. David Nelson  
30,000 shares @ .38 proceeds \$10,829.46  
50,000 shares @ .341 proceeds \$16,196.70

-----  
Reminder: E-mail sent through the Internet is not secure.  
Do not use e-mail to send us confidential information  
such as credit card numbers, changes of address, PIN  
numbers, passwords, or other important information.  
Do not e-mail orders to buy or sell securities, transfer  
funds, or send time sensitive instructions. We will not  
accept such orders or instructions. This e-mail is not  
an official trade confirmation for transactions executed  
for your account. Your e-mail message is not private in  
that it is subject to review by the Firm, its officers,  
agents and employees.  
-----

Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
Issuer: International Automated Systems (IAUS)

Form Received: SEC Form 4 (Original & 2 copies)  
Statement For: June 26, 2003

ET 777121551 US



**FORM 4**

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

(Print or Type Responses)

## 1. Name and Address of Reporting Person\*

(Last) WELSON J. DAVIS (First) (Middle)  
10885 South State Street (Street)  
Sandy, UT 84070 (City) (State) (Zip)

## 2. Issuer Name and Ticker or Trading Symbol

International Automated Systems, Inc. (IAS)

3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Day/Year

06/26/03

5. If Amendment, Date of Original (Month/Day/Year)

## 6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Director ☒ 10% Owner  
 Officer (give title below) ☐ Other (specify below) ☐

7. Individual or Joint/Group Filing (Check: Applicable Line)  
☒ Form filed by One Reporting Person  
☐ Form filed by More than One Reporting Person

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |     | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
|                                 |                                      |                                                    |                                | (A)                                                               | (D) |                                                                                               |                                                          |                                                       |
| Common Stock                    | 06/26/03                             | 06/26/03                                           | S                              | 30,000                                                            | D   | 0.38                                                                                          | D                                                        |                                                       |
| Common Stock                    | 06/26/03                             | 06/26/03                                           | S                              | 50,000                                                            | D   | 0.341                                                                                         | D                                                        |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |     |                                                                                               |                                                          |                                                       |

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).

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.

(Over)  
 SEC 1474 (9-02)

OMB APPROVAL  
 OMB Number: 3235-0287  
 Expires: January 31, 2005  
 Estimated average burden hours per response: 0.5

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

## 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(h) of the Investment Company Act of 1940

FOKIM 4 (continued)

### Explanation of Responses:

\*\*Signature of Reporting Person

06/27/20

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.

Subj: **stock reporting**  
Date: 6/27/2003 9:41:27 AM Mountain Daylight Time  
From: [ann.c.fraedrich@smithbarney.com](mailto:ann.c.fraedrich@smithbarney.com)  
To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

the following trades done on 6-27-03 of International Automated Systems need to be reported

883-03188-1-5-050 J David Nelson

sold 15,000 shares @ .33 proceeds 4,702.26

sold 15,000 shares @ .32 proceeds 4,564.77

-----  
Reminder: E-mail sent through the Internet is not secure.  
Do not use e-mail to send us confidential information  
such as credit card numbers, changes of address, PIN  
numbers, passwords, or other important information.  
Do not e-mail orders to buy or sell securities, transfer  
funds, or send time sensitive instructions. We will not  
accept such orders or instructions. This e-mail is not  
an official trade confirmation for transactions executed  
for your account. Your e-mail message is not private in  
that it is subject to review by the Firm, its officers,  
agents and employees.  
-----

Please Acknowledge receipt of:

|                   |                                        |
|-------------------|----------------------------------------|
| Reporting Person: | J. David Nelson                        |
| Issuer:           | International Automated Systems (IAUS) |
| Form Received:    | SEC Form 4 (Original & 2 copies)       |
| Statement For:    | June 27, 2003                          |

# FORM 4

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

Print or Type Responses)

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

# 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(h) of the Investment Company Act of 1940

| OMB APPROVAL                                                  |                  |
|---------------------------------------------------------------|------------------|
| OMB Number:                                                   | 3235-0287        |
| Expires:                                                      | January 31, 2005 |
| Estimated average burden<br>hours per response: . . . . . 0.5 |                  |

|                                                                               |                                                                                                                                                                                      |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person *                                     | (Last) <u>Nelson J. David</u><br>(First) _____<br>(Middle) _____<br><u>10885 South State Street</u><br>(Street)<br><u>Sandy Utah 84070</u><br>(City) _____ (State) _____ (Zip) _____ |
| 2. Issuer Name and Ticker or Trading Symbol                                   | <u>International Automotive Systems Inc.</u><br>(I.Aus)                                                                                                                              |
| 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary) | Statement for<br>Month/Day/Year<br><u>06/27/03</u>                                                                                                                                   |
| 4. If Amendment, Date of Original (Month/Day/Year)                            |                                                                                                                                                                                      |
| 6. Relationship of Reporting Person(s) to Issuer (Check all applicable)       | _____ Director <input checked="" type="checkbox"/> 10% Owner<br>_____ Officer (give title below) _____ Other (specify below) _____                                                   |
| 7. Individual or Joint/Group Filing (Check Applicable Line)                   | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br>_____ Form filed by More than One Reporting Person                                                         |

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

[illegible]

\* If the form is filed by more than one owner, the form should be filed by each owner.

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.

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

[illegible]

### Explanation of Responses:

**\*\* 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.

  
\*\*Signature of Reporting Person



Letter of Authorization  
to Transfer Assets

A Member of TravelersGroup

Please complete the applicable sections of this authorization to authorize Smith Barney Inc. to transfer assets from your account as specified by you.

☐ All Assets☒ As Specified Below

FROM Account Name

Account Number

J. DAVID NELSON

88303188151050

A. This is your authorization to transfer (complete 1. or 2.):

Security Name

IAMS Common Stock

500,000 Shares

Amount

\$

1. TO Account Name

Account Number

Matthew Woolley

2. Register Securities to

Mail Securities to

Name Line 1

Matthew Woolley - Special Client Account

Name Line 2

Name Line 1

Name Line 2

Social Security/Tax I.D. Number

Address Line 1

Address

Address Line 2

City

State ZIP Code

City

State ZIP Code

B. Method of Transfer (check and complete either "Check" or "Fed Funds" box)

Please include a preprinted deposit slip if funds will be sent to a financial institution



Check

Amount  
\$

Name of Payee

Name of Co-Payee (if applicable)

Address Line 1

Address Line 2

City

State ZIP Code

OR



Fed Funds

Amount  
\$

Name of Payee

Name of Co-payee (if applicable)

Address (must be completed for third party transfers)

City

State ZIP Code

Name of Financial Institution/

Address

Account No. to  
be Credited

Bank ABA

Routing No.

In consideration of Smith Barney Inc. ("SB") agreeing to make the transfers specified herein, it is agreed as follows:

- SB will undertake to make transfers as herein directed but is not responsible for damages of any nature resulting from delays, failures, omissions or errors relating to such transfers.
- SB, its officers, employees, agents, successors and assigns are hereby indemnified and held harmless against any and all claims or liabilities by virtue of its acting on the instructions specified herein. This indemnity is unlimited and shall be binding upon the heirs, successors and assigns of the undersigned.

ALL ACCOUNT OWNERS MUST SIGN THIS AUTHORIZATION. THIS SHOULD BE SIGNED BEFORE A NOTARY PUBLIC.

Account Owner's Signature

Date

06/23/03

Joint Owner's Signature

Date

Joint Owner's Signature

Date

Joint Owner's Signature

Date

State of

Utah

County of

Salt Lake

} SS

Subscribed  
before me by

J. David Nelson

on the

23

day of

June

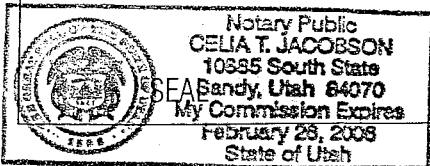
18 2003

Notary Public:

Celia T. Jacobson

Approved by Branch Manager

Date



Letter of Authorization  
to Transfer Assets

A Member of TravelersGroup

Please complete the applicable sections of this authorization to authorize Smith Barney Inc. to transfer assets from your account as specified by you.

☐ All Assets☒ As Specified Below

FROM Account Name

J. DAVID NELSON

Account Number

8830318815050

A. This is your authorization to transfer (complete 1. or 2.):

Security Name

IAUS Common Stock 1,000,000 Shares

Amount

\$

1. TO Account Name

Account Number

Monte Hamilton - IAS Trust Account

2. Register Securities to

Mail Securities to

Name Line 1

Monte Hamilton - IAS Trust Account

Name Line 2

Name Line 1

Name Line 2

Social Security/Tax I.D. Number

Address Line 1

Address

Address Line 2

City

State ZIP Code

City

State ZIP Code

B. Method of Transfer (check and complete either "Check" or "Fed Funds" box)

Please include a preprinted deposit slip if funds will be sent to a financial institution

☐ CheckAmount  
\$

Name of Payee

Name of Co-Payee (if applicable)

Address Line 1

Address Line 2

City

State ZIP Code

OR ☐ Fed FundsAmount  
\$

Name of Payee

Name of Co-payee (if applicable)

Address (must be completed for third party transfers)

City

State ZIP Code

Name of Financial Institution/

Address

Account No. to  
be Credited

Bank ABA

Routing No.

In consideration of Smith Barney Inc. ("SB") agreeing to make the transfers specified herein, it is agreed as follows:

- SB will undertake to make transfers as herein directed but is not responsible for damages of any nature resulting from delays, failures, omissions or errors relating to such transfers.
- SB, its officers, employees, agents, successors and assigns are hereby indemnified and held harmless against any and all claims or liabilities by virtue of its acting on the instructions specified herein. This indemnity is unlimited and shall be binding upon the heirs, successors and assigns of the undersigned.

ALL ACCOUNT OWNERS MUST SIGN THIS AUTHORIZATION. THIS SHOULD BE SIGNED BEFORE A NOTARY PUBLIC.

Account Owner's Signature

Date

06/23/03

Joint Owner's Signature

Date

Joint Owner's Signature

Date

Joint Owner's Signature

Date

State of Utah } SS  
County of Salt LakeSubscribed  
before me by

J. David Nelson

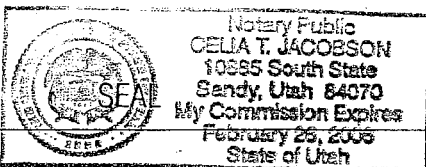
on the 23 day of June 2003

Notary Public:

Celia T. Jacobson

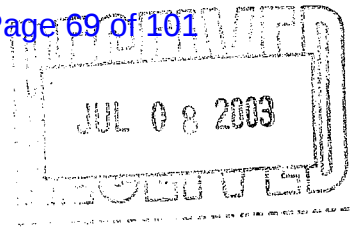
Approved by Branch Manager

Date





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



OFFICE OF FILINGS AND  
INFORMATION SERVICES

June 30, 2003

Mr. David J. Nelson  
Nelson Snuffer Dahle & Polsen PC  
10885 South State St  
Sandy UT 84070

Re: Ownership filings

Dear Mr. Nelson:

We are returning this material to you; the Commission did not accept this filing because it was submitted in paper format and not electronically.

The filing must be resubmitted immediately in an electronic format via the Commission's electronic filing system, EDGAR. If this filing is required under the federal securities laws and the filing deadline has passed, it will be considered delinquent until the electronic resubmission is received and accepted. You may wish to consult with counsel as to the consequences that may result from being delinquent.

When you resubmit the filing, you must comply with the procedures set forth in the EDGAR filer manual and the rules for electronic filing. If you need a copy of the EDGAR filer manual or have technical questions about how to file on EDGAR, please contact Filer Support at (202) 942-8900.

The rules for electronic filing are set forth in the Commission's Regulation S-T.

- Rule 14 states that documents required to be filed electronically will not be accepted in paper.
- Rule 100 and 101 identify the persons who are required to file electronically.

Please contact the Office of EDGAR policy in the Division of Corporation Finance at (202) 942-2940, or the EDGAR Branch in the Division of Investment Management at (202) 942-0591, as appropriate, if you have questions regarding Regulation S-T, this letter or general questions about electronic filing requirements.

Sincerely:

Valerie Lenyear, Chief  
Branch of Public Reference

**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

**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(h) of the Investment Company Act of 1940

| <b>1. Name and Address of Reporting Person*</b><br>(Last) <u>Wilson J. David</u> (First)<br><u>10885 South State Street</u> (Street)<br><u>Sandy, Utah 84070</u> (City) (State) (Zip) |                                      | <b>2. Issuer Name and Ticker or Trading Symbol</b><br><u>International Automated Systems Inc. (IASIS)</u> |                                | <b>6. Relationship of Reporting Person(s) to Issuer</b><br>(Check all applicable)<br>Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/><br>Officer (give title below) _____ Other (specify below) _____ |                 |                                                                                               |                                                          |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|
| <b>3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)</b><br><u>06/26/03</u>                                                                               |                                      | <b>4. Securities Acquired (A) or Disposed of (D)</b><br>(Instr. 3, 4 and 5)                               |                                | <b>7. Individual or Joint/Group Filing</b> (Check Applicable Line)<br>Form filed by One Reporting Person _____<br>Form filed by More than One Reporting Person _____                                                                            |                 |                                                                                               |                                                          |                                            |
| <b>Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>                                                                                               |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |
| 1. Title of Security (Instr. 3)                                                                                                                                                       | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year)                                                        | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)                                                                                                                                                                               |                 | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Ownership (Instr. 4) |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                | Code                                                                                                                                                                                                                                            | Amount or (D)   |                                                                                               |                                                          |                                            |
| <u>Common Stock</u>                                                                                                                                                                   | <u>06/26/03</u>                      | <u>06/26/03</u>                                                                                           | <u>S</u>                       |                                                                                                                                                                                                                                                 | <u>30,000 D</u> | <u>2,843,000</u>                                                                              | <u>D</u>                                                 |                                            |
| <u>Common Stock</u>                                                                                                                                                                   | <u>06/26/03</u>                      | <u>06/26/03</u>                                                                                           | <u>S</u>                       |                                                                                                                                                                                                                                                 | <u>50,000 D</u> | <u>2,793,000</u>                                                                              | <u>D</u>                                                 |                                            |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |
|                                                                                                                                                                                       |                                      |                                                                                                           |                                |                                                                                                                                                                                                                                                 |                 |                                                                                               |                                                          |                                            |

JUN 26 2003  
 RECEIVED  
 SEC. 15b  
 WASH. DC

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).

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.

(Over)  
SEC 1474 (9-02)

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

### Explanation of Responses:

**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.

06/27/03







Explanation of Responses:

*[Signature]*  
Signature of Reporting Person

06/27/0

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.

Washington, D.C. 20549

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

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

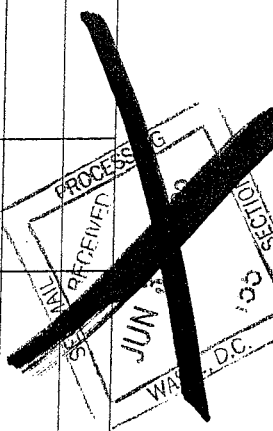
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

|                                                              |                  |
|--------------------------------------------------------------|------------------|
| OMB APPROVAL                                                 |                  |
| OMB Number:                                                  | 3235-0287        |
| Expires:                                                     | January 31, 2005 |
| Estimated average burden<br>hours per response . . . . . 0.5 |                  |

|                                          |  |                                                    |  |                                                                                                                                                                                                                               |  |
|------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person* |  | 2. Issuer Name and Ticker or Trading Symbol        |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/><br>Officer (give title below) _____ Other (specify below) _____ |  |
| (Last) (First) (Middle)                  |  | International Automated Systems, Inc. (IAIS)       |  |                                                                                                                                                                                                                               |  |
| 10885 South State Street<br>(Street)     |  | 4. Statement for Month/Day/Year<br>06/26/03        |  |                                                                                                                                                                                                                               |  |
| Sandy, VT 054070<br>(City) (State) (Zip) |  | 5. If Amendment, Date of Original (Month/Day/Year) |  | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                |  |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   |        | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |            |       |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|---|--------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|------------|-------|
|                                 |                                      |                                                    |                                | Code                                                              | V | Amount |                                                                                               |                                                          |                                                       | (A) or (D) | Price |
| Common Stock                    | 06/26/03                             | 06/26/03                                           | S                              |                                                                   |   | 30,000 | D                                                                                             | 0.38                                                     | 2,843,000                                             | D          |       |
| Common Stock                    | 06/26/03                             | 06/26/03                                           | S                              |                                                                   |   | 50,000 | D                                                                                             | 0.341                                                    | 2,793,000                                             | D          |       |
|                                 |                                      |                                                    |                                |                                                                   |   |        |                                                                                               |                                                          |                                                       |            |       |
|                                 |                                      |                                                    |                                |                                                                   |   |        |                                                                                               |                                                          |                                                       |            |       |
|                                 |                                      |                                                    |                                |                                                                   |   |        |                                                                                               |                                                          |                                                       |            |       |
|                                 |                                      |                                                    |                                |                                                                   |   |        |                                                                                               |                                                          |                                                       |            |       |
|                                 |                                      |                                                    |                                |                                                                   |   |        |                                                                                               |                                                          |                                                       |            |       |
|                                 |                                      |                                                    |                                |                                                                   |   |        |                                                                                               |                                                          |                                                       |            |       |
|                                 |                                      |                                                    |                                |                                                                   |   |        |                                                                                               |                                                          |                                                       |            |       |



JUN 27 2003  
 RECEIVED  
 SECTION 100  
 WASHINGTON, D.C.

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.

(Over)  
SEC 1474 (9-02)

(continued)

### Explanation of Responses:

Signature of Reporting Person

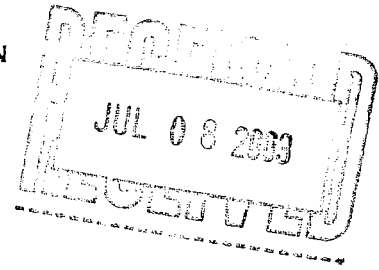
Date \_\_\_\_\_

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.



OFFICE OF FILINGS AND  
INFORMATION SERVICES

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



July 2, 2003

Mr. David J. Nelson  
10885 South State Street  
Sandy, Utah 84070

Re: Ownership filings

Dear Mr. Nelson:

We are returning this material to you; the Commission did not accept this filing because it was submitted in paper format and not electronically.

The filing must be resubmitted immediately in an electronic format via the Commission's electronic filing system, EDGAR. If this filing is required under the federal securities laws and the filing deadline has passed, it will be considered delinquent until the electronic resubmission is received and accepted. You may wish to consult with counsel as to the consequences that may result from being delinquent.

When you resubmit the filing, you must comply with the procedures set forth in the EDGAR filer manual and the rules for electronic filing. If you need a copy of the EDGAR filer manual or have technical questions about how to file on EDGAR, please contact Filer Support at (202) 942-8900.

The rules for electronic filing are set forth in the Commission's Regulation S-T.

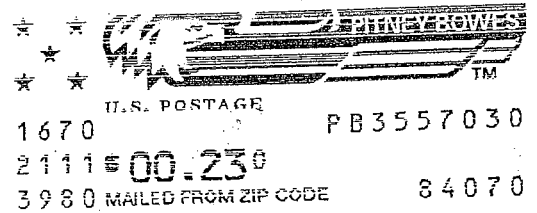
- Rule 14 states that documents required to be filed electronically will not be accepted in paper.
- Rule 100 and 101 identify the persons who are required to file electronically.

Please contact the Office of EDGAR policy in the Division of Corporation Finance at (202) 942-2940, or the EDGAR Branch in the Division of Investment Management at (202) 942-0591, as appropriate, if you have questions regarding Regulation S-T, this letter or general questions about electronic filing requirements.

Sincerely:

Valerie Lenyear, Chief  
Branch of Public Reference

Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070



Nelson, Snuffer, Dahle & Poulsen, P.C.  
10885 South State St.  
Sandy, Utah 84070

Please Acknowledge receipt of:

Reporting Person: J. David Nelson  
Issuer: International Automated Systems (IAUS)

Form Received: SEC Form 4 (Original & 2 copies)  
Statement For: June 26, 2003

**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

**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(h) of the Investment Company Act of 1940

OMB APPROVAL  
OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response: 0.5

|                                             |          |                                                                                                  |  |                                                                                                                                                                                                                |  |
|---------------------------------------------|----------|--------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*    |          | 2. Issuer Name and Ticker or Trading Symbol                                                      |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director<br>____ Officer (give title below)<br>____ 10% Owner<br>____ Other (specify below)                                 |  |
| (Last)<br><b>Nelson J. DAVDO</b>            | (Middle) | 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)<br><b>06/27/03</b> |  | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |
| (Street)<br><b>10885 South State Street</b> |          | 4. Statement for Month/Day/Year                                                                  |  |                                                                                                                                                                                                                |  |
| (City) <b>Sandy Utah</b>                    |          | 5. If Amendment, Date of Original (Month/Day/Year)                                               |  |                                                                                                                                                                                                                |  |
| (State) <b>84070</b>                        |          |                                                                                                  |  |                                                                                                                                                                                                                |  |
| (Zip)                                       |          |                                                                                                  |  |                                                                                                                                                                                                                |  |

**Table 1 — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
|                                 |                                      |                                                    |                                | Amount                                                            | (A) or (D) |                                                                                               |                                                          |                                                       |
| Common stock                    | 06/27/03                             | 06/27/03                                           | S                              | 15,000                                                            | D          | 0.33                                                                                          | D                                                        |                                                       |
| Common stock                    | 06/27/03                             | 06/27/03                                           | S                              | 15,000                                                            | D          | 0.32                                                                                          | D                                                        |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |
|                                 |                                      |                                                    |                                |                                                                   |            |                                                                                               |                                                          |                                                       |

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).

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.

(Over)  
SEC 1474 (9-02)



**\*\*Signature of Reporting Person**

# 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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

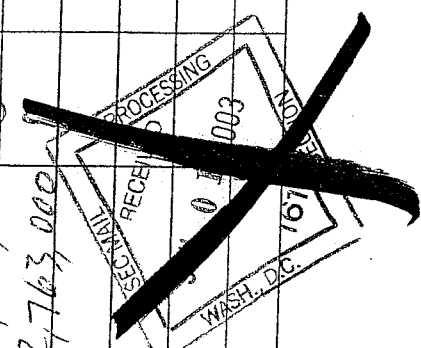
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

|                                                            |                  |
|------------------------------------------------------------|------------------|
| OMB APPROVAL                                               |                  |
| OMB Number:                                                | 3235-0287        |
| Expires:                                                   | January 31, 2005 |
| Estimated average burden hours per response: . . . . . 0.5 |                  |

|                                                                                                                                |  |                                                                                                                                                                    |  |                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*                                                                                       |  | 2. Issuer Name and Ticker or Trading Symbol                                                                                                                        |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                                                                                                                                     |  |
| Nelson J. DAWD<br>(Last) (First) (Middle)<br>10885 South State Street<br>(Street)<br>Sandy, Utah 84070<br>(City) (State) (Zip) |  | International Automated Securities Inc.<br>(ZANUS)<br>4. Statement for<br>Number of Reporting<br>Person, if an entity<br>(Voluntary)<br>Month/Day/Year<br>06/27/03 |  | Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/><br>Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>                          |  |
|                                                                                                                                |  | 5. If Amendment, Date of Original (Month/Day/Year)                                                                                                                 |  | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |

Table 1 — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security<br>(Instr. 3) |  |  |  |  |  |  |  |  |  | 2. Trans-<br>action<br>Date<br><br>(Month/<br>Day/<br>Year) | 2A.<br>Deemed<br>Execution<br>Date, if<br>any<br><br>(Month/<br>Day/<br>Year) | 3. Trans-<br>action<br>Code<br>(Instr. 8) |   | 4. Securities Acquired (A)<br>or Disposed of (D)<br>(Instr. 3, 4 and 5) |                  |       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Owner-<br>ship<br>Form:<br>Direct<br>(D) or<br>Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Owner-<br>ship<br>(Instr. 4) |
|------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|---|-------------------------------------------------------------------------|------------------|-------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                    |  |  |  |  |  |  |  |  |  | (Month/<br>Day/<br>Year)                                    |                                                                               | Code                                      | V | Amount                                                                  | (A)<br>or<br>(D) | Price |                                                                                                                    |                                                                                 |                                                                        |
| Common stock                       |  |  |  |  |  |  |  |  |  | 06/27/03                                                    |                                                                               | S                                         |   | 15,000                                                                  | D                | 0.33  | 2,778,000                                                                                                          | D                                                                               |                                                                        |
| Common stock                       |  |  |  |  |  |  |  |  |  | 06/27/03                                                    |                                                                               | S                                         |   | 15,000                                                                  | D                | 0.32  | 2,763,000                                                                                                          | D                                                                               |                                                                        |
|                                    |  |  |  |  |  |  |  |  |  |                                                             |                                                                               |                                           |   |                                                                         |                  |       |                                                                                                                    |                                                                                 |                                                                        |
|                                    |  |  |  |  |  |  |  |  |  |                                                             |                                                                               |                                           |   |                                                                         |                  |       |                                                                                                                    |                                                                                 |                                                                        |
|                                    |  |  |  |  |  |  |  |  |  |                                                             |                                                                               |                                           |   |                                                                         |                  |       |                                                                                                                    |                                                                                 |                                                                        |
|                                    |  |  |  |  |  |  |  |  |  |                                                             |                                                                               |                                           |   |                                                                         |                  |       |                                                                                                                    |                                                                                 |                                                                        |
|                                    |  |  |  |  |  |  |  |  |  |                                                             |                                                                               |                                           |   |                                                                         |                  |       |                                                                                                                    |                                                                                 |                                                                        |
|                                    |  |  |  |  |  |  |  |  |  |                                                             |                                                                               |                                           |   |                                                                         |                  |       |                                                                                                                    |                                                                                 |                                                                        |



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).

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.

### Explanation of Responses:

  
\*\*Signature of Reporting Person

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.

**FORM 4**

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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(h) of the Investment Company Act of 1940

OMB APPROVAL  
OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response: . . . . . 0.5

|                                                                               |  |                                             |  |                                                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------|--|---------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person*                                      |  | 2. Issuer Name and Ticker or Trading Symbol |  | 6. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director <input checked="" type="checkbox"/> 10% Owner<br>____ Officer (give title below)<br>____ Other (specify below)     |  |
| (Last) <u>NEVSON J. DAVDO</u>                                                 |  | (Middle) _____                              |  |                                                                                                                                                                                                                |  |
| (First) _____                                                                 |  | (City) _____                                |  |                                                                                                                                                                                                                |  |
| (Street) <u>10885 South State Street</u>                                      |  | (State) _____                               |  |                                                                                                                                                                                                                |  |
| (Zip) <u>84070</u>                                                            |  | (Zip) _____                                 |  |                                                                                                                                                                                                                |  |
| 3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary) |  | 4. Statement for Month/Day/Year             |  | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |
|                                                                               |  | <u>06/27/03</u>                             |  |                                                                                                                                                                                                                |  |

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year) | 3. Transaction Code<br>(Instr. 8) | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |   | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Ownership<br>(Instr. 4) |
|------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|
|                                    |                                         |                                                       |                                   | Code                                                                 | V | Amount                                                                                           | Price                                                       |                                               |
| <u>Common Stock</u>                | <u>06/27/03</u>                         | <u>06/27/03</u>                                       | <u>S</u>                          |                                                                      |   | <u>15,000</u>                                                                                    | <u>0.33</u>                                                 | <u>D</u>                                      |
| <u>Common Stock</u>                | <u>06/27/03</u>                         | <u>06/27/03</u>                                       | <u>S</u>                          |                                                                      |   | <u>15,000</u>                                                                                    | <u>0.32</u>                                                 | <u>D</u>                                      |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |
|                                    |                                         |                                                       |                                   |                                                                      |   |                                                                                                  |                                                             |                                               |

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).

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.

(Over)  
SEC 1474 (9-02)

[illegible]

**\*\*Signature of Reporting Person**

**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.



## U.S. Securities and Exchange Commission

Home | Previous Page

### EDGARLink Filer Manual (Vol I) Rel. 8.5 New Version: May 5, 2003

The *EDGARLink Filer Manual Rel. 8.5* contains instructions for creating and submitting electronic disclosure filings to the SEC's Electronic Data Gathering, Analysis, and Retrieval (EDGAR) system. The manual is also useful for anyone who works extensively with the disseminated EDGAR filings that can be accessed elsewhere on this site.

#### Instructions for Using the Files in Windows

Download the **fm85.exe** executable file (a self-extracting zip file) by selecting the download link below and save the file to your local hard drive. Run the file by (1) using the Start menu — Run option in MS Windows 95/98/NT/2000 or by (2) double-clicking the file in Windows Explorer.

1. Open the directory where you downloaded the executable file (fm85.exe).
  - Using the Run window: Browse to select the file and click the OK button.
  - Using Windows Explorer: Browse to the appropriate folder and double-click the file.
2. The WinZip Self-Extractor window will appear. The "Unzip to folder:" field contains the directory on your hard drive where the files will be extracted (unzipped). The default setting is the c:\EDGAR\_Doc\Fm directory. If you do not have this directory, WinZip will automatically create it.

**Note:** For the Master Document to work correctly, you must access the manual from the default directory listed above.
3. Once you have unzipped the files, you must use MS Word to open the files from this directory.

The Filer Manual has been split into chapters and appendices (for example, ch1=Chapter 1 or Apxa=Appendix A).

The file named **Filerman.doc** is a master document and contains the table of contents and index for the Filer Manual.

If you use MS Word 97 or higher you will see a series of hyperlinks (in blue) that point to the c:\EDGAR\_Doc\Fm directory. To view the Filer Manual in its entirety you need to expand the subdocuments in the Master Document view:



1. Click on the View menu.
2. Click on the Master Document option.
3. When the Master Document view appears, click on the Expand Subdocuments icon in the Master Document tool bar.

If you do not expand all the subdocuments, and you click on the document's hyperlink (in blue), the document will appear with incorrect heading and page numbering.

If you use MS Word 2000, the Master Document view has been changed to the Outline View.

1. You can open this view by using the View menu — Outline View option.
2. Click on the Expand Subdocuments icon in the tool bar.

In MS Word 2000, the page numbering and automatic fields may appear invalid until you refresh the automatic fields by viewing the document in Page Layout, or print-previewing the document.

- [Download the Rel. 8.5 EDGARLink Filer Manual \(Vol I\) now](#) (ZIP archive size: approx. 2.8 MB)
- 

## **N-SAR Supplement Filer Manual (Vol II) Rel. 8.5**

### **New Version: May 5, 2003**

Procedures for filing the Form N-SAR the Semi-Annual Report for Investment Companies have not changed, nor has the application. However, the *N-SAR Supplement Filer Manual Rel. 8.5* has been updated to reflect changes in other areas. The updated manual is for use with version 6.1a of the N-SAR application. The updated manual can be downloaded by selecting the link below.

The methods for downloading, decompressing, and using the N-SAR Supplement Filer Manual Rel. 8.5 are almost identical to those for the EDGARLink Filer Manual (above). The principal differences have to do with the names of the files and directories and that document expansion is not necessary. For example, the directory that the program will create to hold the components of the manual is c:\EDGAR\_Doc\NSAR. The self-extracting executable for the N-SAR Manual is **nsar.exe**.

- [Download the Rel. 8.5 N-SAR Supplement Filer Manual \(Vol II\) now](#)
- 

## **New OnlineForms Filer Manual (Vol III) Rel. 8.5**

### **New Version: May 5, 2003**

The *OnlineForms Filer Manual Rel. 8.5* explains the process for creating and submitting documents over the Internet using the **new** OnlineForms website. The manual contains information regarding what forms (ownership reports) can be filed using this website. The OnlineForms website will verify filer identification, check that required information is present, and allow

filers or their agents, to transmit online submissions to EDGAR for dissemination to the public.

The methods for downloading, decompressing, and using the *OnlineForms Filer Manual Rel. 8.5* are almost identical to those for the EDGARLink Filer Manual (above). The principal differences have to do with the names of the files and directories and that document expansion is not necessary. For example, the directory that the program will create to hold the components of the manual is c:\EDGAR\_Doc\Online. The self-extracting executable for the OnlineForms Filer Manual is **onlineforms.exe**

- [Download the Rel. 8.5 OnlineForms Filer Manual \(Vol III\) now](#) (file size: approx. 1.8 MB)

<http://www.sec.gov/info/edgar/filermanual85.htm>

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Modified: 05/06/2003

FORM ID  
GENERAL INSTRUCTIONS

USING AND PREPARING FORM ID

Use Form ID to apply for or to amend the following EDGAR codes:

- ☐ Central Index Key (CIK) - The CIK uniquely identifies each filer, filing agent, and training agent. We assign the CIK at the time you make an initial application. You may not change this code.
- ☐ CIK Confirmation Code (CCC) - You will use the CCC in the header of your filings in conjunction with your CIK to ensure that you authorized the filing.
- ☐ Password (PW) - The PW allows you to log onto the EDGAR system, submit filings, and change your CCC.
- ☐ Password Modification Authorization Code (PMAC) - The PMAC allows you to change your password.

Please see the EDGAR Filer Manual for instructions on how to file electronically, including how to use the access codes.

**You must complete all items in any parts which apply to you. If any item in any part does not apply to you, please mark that part "NA." If your form is incomplete, it may take us longer to assign your access codes.**

**PART I - APPLICANT INFORMATION** (To be completed by all applicants)

Please check the appropriate box to indicate whether you will be sending electronic submissions as a filer, filing agent, or training agent. Mark only one of these boxes per application. A "filer" is any person or entity on whose behalf an electronic filing is made. A "filing agent" is a financial printer, law firm, or other party which will be using these access codes to send a filing or portion of a filing on behalf of a filer. A "training agent" is any person or entity which will be sending only test filings in conjunction with training other persons.

If you do not already have access codes, please mark the "Initial application" box, and complete all other items in Parts II through V that apply to you.

If you already have access codes, please provide your CIK in the upper left corner, and mark the boxes to indicate the reason you are filing the amendment and any access codes you want to replace. You also should complete Part V (signature) and those items in Parts II through IV which have changed from the previous application. You may change your access codes (except your PMAC) and most other information on Form ID electronically via EDGAR. See the EDGAR Filer Manual for details.

**PART II - FILER INFORMATION** (To be completed by filers only)

The registrant's tax or federal identification number is the number issued by the Internal Revenue Service. Foreign private issuers should include all zeroes if they do not have a tax or federal identification number. (We do not require this number for individuals.)

We do not require state of incorporation/organization or fiscal year end for individuals. We request that foreign private issuers include their country of organization.

**PART III - CONTACT INFORMATION** (To be completed by all applicants)

In this section, identify the individual who should receive the access codes and EDGAR-related information.

If you are or become an EDGAR Private Mail subscriber, you can receive acceptance and suspension messages and any requested return copies of your filings via electronic mail at your expense. If you do not subscribe to EDGAR Private Mail, you can receive your acceptance and suspension messages via Internet E-Mail if you provide an address. We will not send return copies of filings to an Internet address.

**PART IV - ACCOUNT INFORMATION** (To be completed by filers and filing agents only)

Identify in this section the individual who should receive account information and/or billing invoices from us. We will use this information to electronically process fee payments and billings.

**PART V - SIGNATURE** (To be completed by all applicants)

Send your manually signed and dated form to:

**Branch of Filer Support  
U.S. Securities and Exchange Commission  
Operations Center, Stop 0-7  
6432 General Green Way  
Alexandria, VA 22312**

**FORM 4**

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

(Print or Type Responses)

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

**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

OMB APPROVAL  
OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response: . . . . . 0.5

|                                                                                                                                                                                                                |         |                                             |                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person*                                                                                                                                                                       |         | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)                                                                                                            |
| NELSON J DAVID                                                                                                                                                                                                 |         | INTERNATIONAL AUTOMATED SYSTEMS INC         | Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/><br>Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/> |
| (Last)                                                                                                                                                                                                         | (First) | (Middle)                                    |                                                                                                                                                                                       |
| 10885 SOUTH STATE                                                                                                                                                                                              |         |                                             |                                                                                                                                                                                       |
| (Street)                                                                                                                                                                                                       |         |                                             |                                                                                                                                                                                       |
| SANDY UT 84070                                                                                                                                                                                                 |         |                                             |                                                                                                                                                                                       |
| (City)                                                                                                                                                                                                         | (State) | (Zip)                                       |                                                                                                                                                                                       |
| 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |         |                                             |                                                                                                                                                                                       |

**Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security<br>(Instr. 3) | 2. Trans-<br>action<br>Date<br>(Month/<br>Day/<br>Year) | 2A.<br>Deemed<br>Execution<br>Date, if<br>any<br>(Month/<br>Day/<br>Year) | 3. Trans-<br>action<br>Code<br>(Instr. 8) |   | 4. Securities Acquired (A)<br>or Disposed of (D)<br>(Instr. 3, 4 and 5) |                  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Owner-<br>ship<br>Form:<br>Direct<br>(D) or<br>Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Owner-<br>ship<br>(Instr. 4) |
|------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|---|-------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                    |                                                         |                                                                           | Code                                      | V | Amount                                                                  | (A)<br>or<br>(D) |                                                                                                                    |                                                                                 |                                                                        |
| Common Stock                       | 6/26/<br>2003                                           | 6/26/<br>2003                                                             | S                                         |   | 30,000                                                                  | D                | 2,843,000                                                                                                          | D                                                                               |                                                                        |
| Common Stock                       | 6/26/<br>2003                                           | 6/26/<br>2003                                                             | S                                         |   | 50,000                                                                  | D                | 2,793,000                                                                                                          | D                                                                               |                                                                        |

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).

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)

Page 1 of 2

## FORM 4 (continued)

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                  | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|-----|----------------------------------------------------------|------------------|---------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
|                                            |                                                        |                                      |                                                    | Code                           | V                                                                                       | (A) | (D)                                                      | Date Exercisable | Expiration Date                                               | Title                                      | Amount or Number of Shares                                                                         |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |                                                                                         |     |                                                          |                  |                                                               |                                            |                                                                                                    |                                                                                  |                                                        |

Explanation of Responses:

\*\* 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.

J. David Nelson  
\*\* Signature of Reporting Person

6/27/2003  
Date

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.

# FORM 4

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

(Print or Type Responses)

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

### 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

|                                                            |  |
|------------------------------------------------------------|--|
| OMB APPROVAL                                               |  |
| OMB Number: 3235-0287                                      |  |
| Expires: January 31, 2005                                  |  |
| Estimated average burden hours per response: . . . . . 0.5 |  |

|                                          |         |                                                                                    |                                                                                                                                                             |                                                                                                                                                                                    |  |
|------------------------------------------|---------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person* |         | 2. Issuer Name and Ticker or Trading Symbol<br>INTERNATIONAL AUTOMATED SYSTEMS INC |                                                                                                                                                             | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director _____ X 10% Owner<br>____ Officer (give title below) _____ Other (specify below) _____ |  |
| (Last)                                   | (First) | (Middle)                                                                           |                                                                                                                                                             |                                                                                                                                                                                    |  |
| 10885 SOUTH STATE                        |         |                                                                                    |                                                                                                                                                             |                                                                                                                                                                                    |  |
| (Street)                                 |         |                                                                                    |                                                                                                                                                             |                                                                                                                                                                                    |  |
| SANDY UT 84070                           |         |                                                                                    |                                                                                                                                                             |                                                                                                                                                                                    |  |
| (City)                                   |         |                                                                                    |                                                                                                                                                             |                                                                                                                                                                                    |  |
|                                          |         |                                                                                    | 4. If Amendment, Date Original Filed (Month/Day/Year)                                                                                                       |                                                                                                                                                                                    |  |
|                                          |         |                                                                                    | 6. Individual or Joint/Group Filing (Check Applicable Line)<br>____ Form filed by One Reporting Person<br>____ Form filed by More than One Reporting Person |                                                                                                                                                                                    |  |

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br>(Month/Day/Year) | 3. Transaction Code<br>(Instr. 8) |   | 4. Securities Acquired (A)<br>or Disposed of (D)<br>(Instr. 3, 4 and 5) |                  | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|------------------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------|---|-------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
|                                    |                                         |                                                       | Code                              | V | Amount                                                                  | (A)<br>or<br>(D) |                                                                                                  |                                                             |                                                          |
| Common Stock                       | 6/27/2003                               | 6/27/2003                                             | S                                 |   | 15,000                                                                  | D                | 2,778,000                                                                                        | D                                                           |                                                          |
| Common Stock                       | 6/27/2003                               | 6/27/2003                                             | S                                 |   | 15,000                                                                  | D                | 2,763,000                                                                                        | D                                                           |                                                          |

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).

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)

Page 1 of 2



## FORM 4 (continued)

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                  | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|-----|----------------------------------------------------------|------------------|---------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
|                                            |                                                        |                                      |                                                    | Code                           | V                                                                                       | (A) | (D)                                                      | Date Exercisable | Expiration Date                                               | Title                                      | Amount or Number of Shares                                                                         |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |                                                                                         |     |                                                          |                  |                                                               |                                            |                                                                                                    |                                                                                  |                                                        |

Explanation of Responses:

\*\* 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.

J. David Nelson  
\*\* Signature of Reporting Person

6/27/2003  
Date

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.

Subj:  
 Date: 7/24/2003 11:42:22 AM Mountain Daylight Time  
 From: [ana.l.melton@smithbarney.com](mailto:ana.l.melton@smithbarney.com)  
 To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
 CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

the following sell of International Automated Systems with a trade date of 7-24-03 needs to be reported:

J David Nelson 883-03188-1-5-050 20,000 shares @.72 proceeds \$13,679.32

-----  
 Reminder: E-mail sent through the Internet is not secure.  
 Do not use e-mail to send us confidential information  
 such as credit card numbers, changes of address, PIN  
 numbers, passwords, or other important information.  
 Do not e-mail orders to buy or sell securities, transfer  
 funds, or send time sensitive instructions. We will not  
 accept such orders or instructions. This e-mail is not  
 an official trade confirmation for transactions executed  
 for your account. Your e-mail message is not private in  
 that it is subject to review by the Firm, its officers,  
 agents and employees.  
 -----

2,763,000  
 - 20,000  
 -----  
 2,743,000

Subj:  
 Date: 7/25/2003 2:35:55 PM Mountain Daylight Time  
 From: [ann.c.fraedrich@smithbarney.com](mailto:ann.c.fraedrich@smithbarney.com)  
 To: [nsdpnelson@aol.com](mailto:nsdpnelson@aol.com)  
 CC: [sandra.murrijohnson@smithbarney.com](mailto:sandra.murrijohnson@smithbarney.com)  
*Sent from the Internet (Details)*

the following trades of International Automated Systems (IAUS) trade date of 7-25-03 need to be

reported:

883-03188-1-5-050 J. David Nelson sell 20,000 shares @ .705 proceeds \$13,394.34

sell 10,000 shares @

.73 proceeds \$6,934.65

-----  
 Reminder: E-mail sent through the Internet is not secure. Do not use e-mail to send us confidential information such as credit card numbers, changes of address, PIN numbers, passwords, or other important information. Do not e-mail orders to buy or sell securities, transfer funds, or send time sensitive instructions. We will not accept such orders or instructions. This e-mail is not an official trade confirmation for transactions executed for your account. Your e-mail message is not private in that it is subject to review by the Firm, its officers, agents and employees.  
 -----

2,743,000  
 - 20,000  
 -----  
 2,723,000  
 - 10,000  
 -----  
 2,713,000

**NELSON, SNUFFER, DAHLE & POULSEN, P.C.**

DENVER C. SNUFFER, JR.  
J. DAVID NELSON  
ROBERT D. DAHLE  
MARK L. POULSEN

ATTORNEYS AT LAW  
10885 SOUTH STATE STREET  
SANDY, UT 84070  
TELEPHONE (801) 576-1400  
TELEFAX (801) 576-1960

BRET W. REICH†  
DANIEL B. GARRIOTT

†ALSO ADMITTED IN ILLINOIS

†ALSO ADMITTED IN TEXAS

**FACSIMILE COVER SHEET**

July 25, 2003



**FAXED**  
*Zikorn*

*gr*

PLEASE DELIVER THE FOLLOWING 1 PAGE(S) (Excluding Cover Sheet) TO:

ATTN: United States Securities and Exchange Commission

FAX: 202-504-2474

FROM: J. David Nelson

RE: EDGAR Access Codes

ATTACHED: Completed Form ID

COMMENTS:

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If any pages are not received or if there are any questions regarding this transmission, please call (801) 576-1400.

|                            |
|----------------------------|
| Applicant's CIK (if known) |
|----------------------------|

United States  
Securities and Exchange Commission  
Washington, D. C. 20549

|                          |                  |
|--------------------------|------------------|
| OMB APPROVAL             |                  |
| OMB Number:              | 3235-0328        |
| Expires:                 | January 31, 2005 |
| Estimated average burden |                  |
| hours per response       | ..... 0.15       |

## FORM ID

## UNIFORM APPLICATION FOR ACCESS CODES TO FILE ON EDGAR

☒ Initial Application [ ] Amendment

## PART I - APPLICANT INFORMATION (To be completed by all applicants)

Name of applicant (registrant's name as specified in its charter; individual's name for signature purposes; company or individual name of filing agent or training agent)

J. David Nelson

Former Name (if changed since last application)

Mailing Address or Post Office Box No. 10885 South State  
City Sandy State Utah Zip 84070  
Telephone number: (801) 576-1400  
E-Mail Address: nsdpnelson@aol.com

Applicant is a (see definitions in the General Instructions):

☒ Filer ☐ Filing Agent ☐ Training Agent

☒ Initial Application for EDGAR Access Codes.

☐ Amended Application for (see definitions in the General Instructions):

☐ CCC ☐ Password ☐ PMAC

☐ Amended Application to change reported information only (Access codes to remain the same)

## PART II - FILER INFORMATION (To be completed by filers only)

If you currently file with the SEC, check this box ☐ and provide at least one of your SEC file numbers, if known:

|              |              |              |              |       |
|--------------|--------------|--------------|--------------|-------|
| 1933 Act No. | 1934 Act No. | 1935 Act No. | 1940 Act No. | Other |
| 2 - _____    | 0 - _____    | 70 - _____   | 811 - _____  | _____ |
| 33 - _____   | 1 - _____    | 69 - _____   | 814 - _____  | _____ |
| 333 - _____  | 28 - _____   |              |              |       |

Registrant's Tax Number or Federal Identification Number

87-0518067

Telephone Number (Include Area Code)

(801) 576-1400

Primary Business Address or Post Office Box No. (if different from mailing address)

City Same State \_\_\_\_\_ Zip \_\_\_\_\_

State of Incorporation/Organization \_\_\_\_\_ Fiscal Year End (mm/dd) \_\_\_\_\_

## PART III - CONTACT INFORMATION (To be completed by applicants)

Person to receive EDGAR Information, Inquiries and Access Codes

J. David Nelson

Telephone Number (Include Area Code) (801) 576-1400

Mailing Address or Post Office Box No. (if different from applicant's mailing address)

City Same State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If you are an EDGAR Private Mail subscriber, provide your User ID:

## PART IV - ACCOUNT INFORMATION (To be completed by filers and filing agents only)

Person to receive SEC Account Information and Billing Invoices

J. David Nelson

Telephone Number (Include Area Code)

(801) 576-1400

Mailing Address or Post Office Box No. (if different from applicant's mailing address)

City Same State \_\_\_\_\_ Zip \_\_\_\_\_

## PART V - SIGNATURE (To be Completed by all Applicants)

Signature:

Type or Print Name:

J. David Nelson

Position or Title:

Date:

07/25/03

Section 19 of the Securities Act of 1933 (15 U.S.C. 77s), sections 13(a) and 23 of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a) and 78w), section 319 of the Trust Indenture Act of 1939 (15 U.S.C. 77sss), section 20 of the Public Utility Holding Company Act of 1935 (15 U.S.C. 79t) and sections 30 and 38 of the Investment Company Act of 1940 (15 U.S.C. 80a-29 and 80a-37) authorize solicitation of this information. This information will be used to assign system identification to filers, filing agents, and training agents. This will allow the Commission to identify persons sending electronic submissions and grant secure access to the EDGAR system.

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.

# FORM 4

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

(Print or Type Responses)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### 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

|                                                          |  |
|----------------------------------------------------------|--|
| OMB APPROVAL                                             |  |
| OMB Number: 3235-0287                                    |  |
| Expires: January 31, 2005                                |  |
| Estimated average burden hours per response: . . . . 0.5 |  |

|                                                            |                                                                                    |                                                                                                                                                                                            |
|------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person*<br>NELSON J DAVID | 2. Issuer Name and Ticker or Trading Symbol<br>INTERNATIONAL AUTOMATED SYSTEMS INC | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>____ Director <input checked="" type="checkbox"/> 10% Owner<br>____ Officer (give title below) _____         |
| (Last) (First) (Middle)<br>10885 SOUTH STATE               | 3. Date of Earliest Transaction (Month/Day/Year)<br>7/24/2003                      |                                                                                                                                                                                            |
| (Street)<br>SANDY UT 84070                                 | 4. If Amendment, Date Original Filed (Month/Day/Year)                              | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br>____ Form filed by More than One Reporting Person |
| (City) (State) (Zip)                                       |                                                                                    |                                                                                                                                                                                            |

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security<br>(Instr. 3) | 2. Trans-<br>action<br>Date<br>(Month/<br>Day/<br>Year) | 2A.<br>Deemed<br>Execution<br>Date, if<br>any<br>(Month/<br>Day/<br>Year) | 3. Trans-<br>action<br>Code<br>(Instr. 8) |   | 4. Securities Acquired (A)<br>or Disposed of (D)<br>(Instr. 3, 4 and 5) |                  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Owner-<br>ship<br>Form:<br>Direct<br>(D) or<br>Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Owner-<br>ship<br>(Instr. 4) |
|------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------|---|-------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                    |                                                         |                                                                           | Code                                      | V | Amount                                                                  | (A)<br>or<br>(D) |                                                                                                                    |                                                                                 |                                                                        |
| Common Stock                       | 7/24/<br>2003                                           | 7/24/<br>2003                                                             | S                                         |   | 20,000                                                                  | D                | 2,743,000                                                                                                          | D                                                                               |                                                                        |
| Common Stock                       | 7/25/<br>2003                                           | 7/25/<br>2003                                                             | S                                         |   | 20,000                                                                  | D                | 2,723,000                                                                                                          | D                                                                               |                                                                        |
| Common Stock                       | 7/25/<br>2003                                           | 7/25/<br>2003                                                             | S                                         |   | 10,000                                                                  | D                | 2,713,000                                                                                                          | D                                                                               |                                                                        |

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).

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)

Page 1 of 2



## FORM 4 (continued)

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
|                                            |                                                        |                                      |                                                    | Code V                         |                                                                                         | Date Exercisable                                         | Title                                                         |                                            |                                                                                                    |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |                                                                                         |                                                          | Amount or Number of Shares                                    |                                            |                                                                                                    |                                                                                  |                                                        |

Explanation of Responses:

\*\* 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.

J. David Nelson  
\*\* Signature of Reporting Person

7/25/2003  
Date

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.

## Submission Notification

Subject: ACCEPTED FORM TYPE 4 (0001257209-03-000001)  
Date: 01-Aug-2003 17:23

THE FOLLOWING SUBMISSION HAS BEEN ACCEPTED BY THE U.S. SECURITIES AND EXCHANGE COMMISSION.

COMPANY: INTERNATIONAL AUTOMATED SYSTEMS INC  
FORM TYPE: 4 NUMBER OF DOCUMENTS: 1  
RECEIVED DATE: 01-Aug-2003 17:22 ACCEPTED DATE: 01-Aug-2003 17:23  
FILING DATE: 01-Aug-2003 17:22  
TEST FILING: NO CONFIRMING COPY: NO

ACCESSION NUMBER: 0001257209-03-000001

FILE NUMBER(S):  
1. 033-16531-D

THE PASSWORD FOR LOGIN CIK 0001257209 WILL EXPIRE 27-Jul-2004 15:15.

PLEASE REFER TO THE ACCESSION NUMBER LISTED ABOVE FOR FUTURE INQUIRIES.

REPORTING OWNER(S):

1. CIK: 0001257209  
OWNER: NELSON J DAVID  
FORM TYPE: 4  
FILE NUMBER(S):  
1. 033-16531-D

ISSUER:

2. CIK: 0000820380  
COMPANY: INTERNATIONAL AUTOMATED SYSTEMS INC

----- NOTICE -----

URGENT: Verify that all of your addresses on the EDGAR database are correct. An incorrect address in the EDGAR Accounting Contact Name and Address information may result in your fee Account Activity Statement being returned to the SEC as undeliverable. Please correct outdated addresses via the EDGAR filing website.

The EDGAR system is available to receive and process filings from 6:00 a.m. to 10:00 p.m. Eastern Time on business days. Filer Support staff members are available to respond to requests for assistance from 7:00 a.m. to 7:00 p.m. Eastern Time.

We strongly encourage you to visit the Filing Website at <https://www.edgarfiling.sec.gov>. You can download our current version of the EDGARLink/Windows software and templates, the Filer Manual, receive on-line help, and access Frequently Asked Questions.

## Submission Notification

Subject: ACCEPTED FORM TYPE 4 (0001257209-03-000002)

Date: 01-Aug-2003 17:33

THE FOLLOWING SUBMISSION HAS BEEN ACCEPTED BY THE U.S. SECURITIES AND EXCHANGE COMMISSION.

COMPANY: INTERNATIONAL AUTOMATED SYSTEMS INC  
FORM TYPE: 4 NUMBER OF DOCUMENTS: 1  
RECEIVED DATE: 01-Aug-2003 17:33 ACCEPTED DATE: 01-Aug-2003 17:33  
FILING DATE: 01-Aug-2003 17:33  
TEST FILING: NO CONFIRMING COPY: NO

ACCESSION NUMBER: 0001257209-03-000002

FILE NUMBER(S):

1. 033-16531-D

THE PASSWORD FOR LOGIN CIK 0001257209 WILL EXPIRE 27-Jul-2004 15:15.

PLEASE REFER TO THE ACCESSION NUMBER LISTED ABOVE FOR FUTURE INQUIRIES.

REPORTING OWNER(S):

1. CIK: 0001257209  
OWNER: NELSON J DAVID  
FORM TYPE: 4  
FILE NUMBER(S):  
1. 033-16531-D

ISSUER:

2. CIK: 0000820380  
COMPANY: INTERNATIONAL AUTOMATED SYSTEMS INC

----- NOTICE -----

URGENT: Verify that all of your addresses on the EDGAR database are correct. An incorrect address in the EDGAR Accounting Contact Name and Address information may result in your fee Account Activity Statement being returned to the SEC as undeliverable. Please correct outdated addresses via the EDGAR filing website.

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We strongly encourage you to visit the Filing Website at <https://www.edgarfiling.sec.gov>. You can download our current version of the EDGARLink/Windows software and templates, the Filer Manual, receive on-line help, and access Frequently Asked Questions.

## Submission Notification

Subject: ACCEPTED FORM TYPE 4 (0001257209-03-000003)

Date: 01-Aug-2003 18:18

THE FOLLOWING SUBMISSION HAS BEEN ACCEPTED BY THE U.S. SECURITIES AND EXCHANGE COMMISSION.

COMPANY: INTERNATIONAL AUTOMATED SYSTEMS INC  
FORM TYPE: 4 NUMBER OF DOCUMENTS: 1  
RECEIVED DATE: 01-Aug-2003 18:17 ACCEPTED DATE: 01-Aug-2003 18:17  
FILING DATE: 01-Aug-2003 18:17  
TEST FILING: NO CONFIRMING COPY: NO

ACCESSION NUMBER: 0001257209-03-000003

FILE NUMBER(S):

1. 033-16531-D

THE PASSWORD FOR LOGIN CIK 0001257209 WILL EXPIRE 27-Jul-2004 15:15.

PLEASE REFER TO THE ACCESSION NUMBER LISTED ABOVE FOR FUTURE INQUIRIES.

REPORTING OWNER(S):

1. CIK: 0001257209  
OWNER: NELSON J DAVID  
FORM TYPE: 4  
FILE NUMBER(S):  
1. 033-16531-D

ISSUER:

2. CIK: 0000820380  
COMPANY: INTERNATIONAL AUTOMATED SYSTEMS INC

----- NOTICE -----

URGENT: Verify that all of your addresses on the EDGAR database are correct. An incorrect address in the EDGAR Accounting Contact Name and Address information may result in your fee Account Activity Statement being returned to the SEC as undeliverable. Please correct outdated addresses via the EDGAR filing website.

The EDGAR system is available to receive and process filings from 6:00 a.m. to 10:00 p.m. Eastern Time on business days. Filer Support staff members are available to respond to requests for assistance from 7:00 a.m. to 7:00 p.m. Eastern Time.

We strongly encourage you to visit the Filing Website at <https://www.edgarfiling.sec.gov>. You can download our current version of the EDGARLink/Windows software and templates, the Filer Manual, receive on-line help, and access Frequently Asked Questions.

## Submission Information

---

**Note:** Live correspondence (CORRESP) submissions and company updates (COUPDAT) with a status of "ACCEPTED", as well as attached cover letter documents, are considered private. All private submissions and documents are available internally to the SEC only and are not disseminated to the public.

**CIK: 0001257209**

Click on an accession number to retrieve notification information for that submission.

| <u>Accession Number</u>              | <u>Form Type</u> | <u>Receipt Date</u> | <u>Mode</u> | <u>Status</u> |
|--------------------------------------|------------------|---------------------|-------------|---------------|
| <a href="#">0001257209-03-000002</a> | 4                | 01-Aug-2003 17:33   | Live        | Disseminated  |
| <a href="#">0001257209-03-000001</a> | 4                | 01-Aug-2003 17:22   | Live        | Disseminated  |