Edgar Filing: Funk Mark - Form 4

| Funk Mark | | | | | | | | | | | | |
|---|---|---------------|---|---|-----|--------------------|------------------------|---------|--|--|--------------------|--|
| Form 4 | | | | | | | | | | | | |
| February 24, | 2010 | | | | | | | | | | | |
| FORM | 4 | | | | | | | | | PPROVAL | | |
| | UNITED | STATES S | | | | ND EXC D.C. 205 | | IGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long | er | | | | | | | | | Expires: | January 31 2005 | |
| subject to Section 16. Form 4 or | | | | GES IN BENEFICIAL OWNERSHIP SECURITIES | | | | | | Estimated average burden hours per | | |
| Form 5 | | suant to Se | ection 16 | 5(a) of tl | he | Securitie | e Fr | chang | e Act of 1934, | response | 0.5 | |
| obligation may conti <i>See</i> Instru 1(b). | $\frac{18}{1000}$ Section 17(a | a) of the P | ublic Ut | ility Ho | ldi | | pany | Act of | f 1935 or Sectio | n | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | MOBILI | E MINI | IN | NC [MIN | I] | | (Check all applicable) | | | | | |
| (Last) | (First) (M | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | Director 10% Owner | | | |
| 7420 SOUTH KYRENE ROAD 02/22/20 SUITE 101 4. If Amer | | | | 02/22/2010 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | _X_ Officer (give title Other (specify below) below) Executive Vice President & CFO 6. Individual or Joint/Group Filing(Check | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | 2 05205 | | |
| (City) | (State) | (Zip) | Table | e I - Non- | De | erivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | Date, if | 3.4. SecurTransaction(A) or DCode(D)(Instr. 8)(Instr. 3, | | n(A) or Dis (D) | • | | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code | V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock \$0.01 par value | 02/22/2010 | | | А | | 23,898 (1) | А | \$ 0 | 148,151 | D | | |

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | | |
|--|------------|---------------|-----------|--------------------------------|-------|--|--|--|--|
| F8 | | | 10% Owner | Officer | Other | | | | |
| Funk Mark 7420 SOUTH KYRENE ROAD SUITE 101 TEMPE, AZ 85283 | | | | Executive Vice President & CFO | | | | | |
| Signatures | | | | | | | | | |
| /s/ Mark Funk | 02/24/2010 | | | | | | | | |

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

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

(1) The stock vests according to performance based targets over four years, if the targets are achieved.

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.