FORM 3

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
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response	0.5			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)										
1. Name and Address of Reporting Person * Soendergaard Niels	Statem (Montl	(Month/Day/Year)		3. Issuer Nan Coda Octop	ool					
(Last) (First) (Middle CARIT ETLARS VEJ 17A, 870 HORSENS)			Person(s) to I (Check	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)		
DENMARK, UT 84107				Officer (gi		specify 6.	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person			
(City) (State) (Zip)		Tal	ole I	- Non-Derivati	ve Securitie	s Benef	icially	Owned		
1.Title of Security (Instr. 4)		2. Amount of Securiti Beneficially Owned (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock 2,213,4			13,48	36	D					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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.										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Dat (Month/Day/Year)		cisable on Date	3. Ti	tle and Amount of rities Underlying vative Security	4. Conversion or Exercise Price of	5. n Ownership e Form of Derivative	ership of ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Numl of Shares	Derivative Security	Secur Director Income (I) (Instru	t (D) lirect			
Reporting Owners										

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Soendergaard Niels					
CARIT ETLARS VEJ 17A		X			
8700 HORSENS		Λ			
DENMARK, UT 84107					

Signatures

/s/ Niels Sondergaard	04/18/2017
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

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