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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per response					

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Address of Chester 709	Reporting Pe	rson * (Middle)	2. Issuer Name Mentor Capita			٠.	ymbol	:	5. Relation		_		r
709	(First)	(Midate)		i, inc. [r	ANTR	.]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
		(iviiddle)	3. Date of Earliest Transaction (Month/Day/Year) 10/25/2016				[	X Officer (give title below) Other (specify below)  Chief Executive Officer					
(Street) 4. If Amendment, Date Orig				iginal I	ginal Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person  Form filed by More than One Reporting Person					
CA 9206										u oy 1/1010 tilali	One Reporting I	Cison	
	(State)	(Zip)	Ta	ble I - No	on-Der	ivative S	Securities .	Acqui	red, Dispo	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following (s)	Ownership o Form: E Direct (D)	7. Nature of Indirect Beneficial Ownership
				Code	e V	Amour	(A) or (D)	Price					(Instr. 4)
ock		10/25/2016	10/25/2016	S(1)		6,500	11)		4,879,28	6		D	
ock		10/25/2016	10/25/2016	S		6,200	11)		4,873,08	6		D	
oort on a s	eparate line fo	or each class of secu	rities beneficially	owned di	rectly o	or							
					con	tained i	n this for	m are	not req	uired to re	spond unl	ess	EC 1474 (9- 02)
									ly Owned				
	3. Transaction		4.		er 6. I	Date Exe	rcisable	7. Ti	tle and			of 10.	11. Nature
onversion Date Exercise (Month/Day/Year) ice of erivative ecurity		Year) any	Code			Month/Day/Year) Un Sec		Und Secu (Inst	erlying urities r. 3 and	Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)
			Code V	(A) (I	Exe			n Title	or				
occooo	version xercise e of vative	version Date (Month/Day/Yerive)	Date (Month/Day/Year)  Ck 10/25/2016  Ck 10/25/2016  Table II - D  (e)  Version Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)	Date (Month/Day/Year)  Date (Month/Day/Year)  Ck	Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or version Date (Month/Day/Year)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or version Date (Month/Day/Year)  any (Month/Day/Year)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Acquire (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, or code (Instr. 8)	Date (Month/Day/Year)    Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)	Date (Month/Day/Year)    Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Code (Instr. 8)   (Instr.)	Date (Month/Day/Year)    Date (Month/Day/Year)   Execution Date, if (Instr. 8)   (A) or Disposed of (D) (Instr. 3, 4 and 5)	Date (Month/Day/Year)   Execution Date, if (Month/Day/Year)   Code (Instr. 8)   Code (Instr. 8)   Code (Instr. 8)   Code (Instr. 3, 4 and 5)	Date (Month/Day/Year)  Date (Month/Day/Year)  Date (Month/Day/Year)  Date (Month/Day/Year)  Code V Amount (D) Price (Instr. 3 at at at 2 at 2 at 2 at 2 at 2 at 2 a	Date (Month/Day/Year)   Execution Date, if (Month/Day/Year)   Code (Instr. 8)   Code (Instr. 3, 4 and 5)   Beneficially Owned I Reported Transaction (Instr. 3 and 4)	Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Execution Date (e.g., puts, calls, warrants, options, convertible securities)   Execution Date (Month/Day/Year)   Execut	Date (Month/Day/Year) any (Month/Day/Year) and (Date (Instr. 8) (Date (Instr. 3) (A) or Disposed of (Instr. 3) (Instr. 3 and 4) (Instr. 3) (Instr. 3 and 4) (Instr. 3) (Instr. 3 and 4) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 4) (In

Describes Occasional Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Billingsley Chester P.O. BOX 1709 RAMONA, CA 92065	X	X	Chief Executive Officer			

# **Signatures**

/s/ Chester Billingsley	10/26/2016
**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) All sales per 10b5-1 Plan initiated August 15, 2016.

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 nu	mber.