FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL								
	OMB Number:	3235-0104							
	Estimated average burden								
	hours per 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

1. Name and Address of Reporting Person*  PAPPAJOHN JOHN  2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2008			nent	3. Issuer Name and Ticker or Trading Symbol  ZETA ACQUISITION CORP II [ NONE ]								
	(First) (Middle) EQUITY DYNAMICS INC. VALNUT STREET, SUITE 2116				Relationship of Reporting Person (Check all applicable)     X Director X	. ,	,		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) DES MOINES (City)	IA (State)	50309 (Zip)			X Officer (give title below)  Presider	belov	r (specif v)	, I 0. IIIC	cable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					. Amount of Securities seneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$.0001 per share					2,000,000		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiration Date	n Title	Amo or Num of Shar	ount S	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

/s/ John Pappajohn

04/01/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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 Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

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