SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] <u>CASCADE INVESTMENT LLC</u>			2. Date of Event Requiring Statement (Month/Day/Year) 01/06/2009		3. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC.</u> [RSG]					
(Last) (First) (Middle) 2365 CARILLON POINT					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below)		er	5. If Amendment, Date of Original Filed (Month/Day/Year) 01/08/2009		
(Street) KIRKLAND	Street) KIRKLAND WA 98033			(See footnote 1)			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I. Nor	Derivet	ius Coouritios Donoficial					
1. Title of Security (Instr. 4)				2	vive Securities Beneficial Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					36,488,266 ⁽¹⁾	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exer Expiration D (Month/Day/ Date Exercisable			ate	3. Title and Amount of Secur Underlying Derivative Securi	ity (Instr. 4) Conve or Exe		rcise Form:	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Expiration Date	n Title	Amount or Number of Shares	Derivative		or Indirect (I) (Instr. 5)	
1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>										
(Last) (First) (Middle) 2365 CARILLON POINT										
(Street) KIRKLAND WA 98033										
(City)	(State)	(Zip)								
1. Name and Address of Reporting Person* <u>GATES WILLIAM H III</u>										
(Last) (First) (Middle) ONE MICROSOFT WAY										
(Street) REDMOND WA 98052										
(City)	(State)	(Zip)								

Explanation of Responses:

1. The reporting person may be deemed to be a member of a Section 13(d) group that beneficially owns more than 10% of the issuer's outstanding Common Stock. This report shall not be deemed an admission that the reporting person and any other person or persons in fact constitute a "group" for purposes of Section 13(d)(3) of the Securities Exchange Act of 1934, as amended, and the reporting person disclaims that it is the beneficial owner of securities owned by such other person or persons, except to the extent of the reporting person's pecuniary interest, if any, therein. This amendment is being filed to correct a typographical error in Item 2 of Table I.

Remarks:

* Duly authorized under Special Power of Attorney appointing Michael Larson attorney-in-fact, dated February 3, 2006, by and on behalf of William H. Gates III, filed as Exhibit 99.1 to Cascade Investment, L.L.C.'s Amendment No. 2 to Schedule 13G with respect to Arch Capital Group Ltd. on March 7, 2006, SEC File No. 005-45257, and incorporated by reference herein.

Cascade Investment, L.L.C.	
<u>By: /s/ Michael Larson,</u>	<u>01/08/2009</u>
Business Manager	
<u>William H Gates III By: /s/</u>	
Michael Larson*, Attorney-in-	<u>01/08/2009</u>
<u>Fact</u>	

** Signature of Reporting Person Date

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 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.

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.