## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	JVAL
OMB Number:	3235-0287
Estimated average burg	len
hours per response:	0.5

Instruc	tion 1(b).			File							es Exchang npany Act o			34						
		Reporting Person <sup>*</sup> ESTMENT L	<u>.LC</u>						ker or Tra RVICE		Symbol NC. [ RS	SG ]			Check a		,	0	erson(s) to Is X 10% C	
(Last) 2365 CA	(Fi RILLON P		Middle)				of Earli 2014	est Trans	saction (N	1onth/I	Day/Year)					Office	er (give title v)		Other ( below)	(specify
(Street) KIRKLA			98033		- 4. I	f Am	endmer	nt, Date o	of Origina	l Filed	(Month/Da	ay/Yea	ar)		.ine) X	=orm	r Joint/Group n filed by One n filed by Mor on	e Rep	porting Pers	on
(City)	(51		Zip)	n-Doriv	vative		ouriti		quired	Die	posed o	f or	Bon	ofici		wne				
1. Title of S	Security (Inst		e i - iuoi	2. Trans Date (Month/I	action	ar)	2A. Dee Executi if any		3. Transa Code	action	4. Securiti Disposed 5)	ies Ac	quired	(A) 01	nd S	Amo ecurit enefic	ount of ties cially I Following	Fori (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(	A) or D)	Price	,  т	ansa	ction(s) 3 and 4)			(Instr. 4)
Common	Stock			09/22	2/2014	ŧ			Р		200		Α	\$39	0.15	106,	158,031		D	
		Та									sed of, onvertib					ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	ed n Date,	4. Transa Code 8)	actio	n of r. Der Sec (A) Dis of (	lumber ivative curities juired or posed D) str. 3, 4	•	Exercis	able and	7. Ti Amo Seco Und Deri	tle and ount of urities erlying vative urity (In		8. Price Derivat Securit (Instr. !	ive y	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	iount mber ares						
		Reporting Person <sup>*</sup> ESTMENT L	<u>.LC</u>									-								
(Last) 2365 CA	RILLON P	(First) OINT	(Mido	dle)																
(Street) KIRKLA	ND	WA	9803	33																

(Last)	(First)	(Middle)
ONE MICRO	SO	

(State)

(State)

(Zip)

(Zip)

Explanation of Responses:

(City)

(City)

/s/ Cascade Investment, L.L.C. by Alan Heuberger as attorney-09/24/2014 in-fact for Michael Larson, **Business Manager** /s/ William H. Gates III by Alan Heuberger, Attorney-in-09/24/2014 <u>fact</u>

\*\* Signature of Reporting Person Date Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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).

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.