

Relationship:

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

OMB APPROVAL

OMB Number: 3235-0076

Expires: August 31, 2015

Estimated Average burden hours per response: 4.0

Description   Previous Name(s)   None   None   Previous Name(s)   None			
CIK (Filer ID Number)  Previous Name(s)  None	1. Issuer's Identity		
Name of Issuer    MICROVISION, INC.		Previous Name(s) None	Entity Type
MICROVISION, INC.	0000065770	MICROVISION INC	€ Corporation
MICROVISION, INC.  Jurisdiction of Organization  DELAWARE  Vear of Incorporation/Organization  © Over Five Years Ago  Within Last Five Years CSpecify Year)  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  State/Province/Country  JIP/Postal Code  REDMOND  WASHINGTON  State Province/Country  Relationship:  Executive Officer  Director  Promoter  Last Name  First Name  Middle Name  GORTON  State/Province/Country  REJPOSTAI Code  REDMOND  Relationship:  Executive Officer  Director  Promoter  Last Name  First Name  Middle Name  Middle Name  Middle Name  GORTON  State/Province/Country  JIP/Postal Code  REDMOND  Relationship:  Executive Officer  Director  Promoter  Last Name  First Name  Middle Name  Street Address 1  Street Address 2  COMICROVISION, INC.  State/Province/Country  JIP/Postal Code  REJMOND  M.  Street Address 1  Street Address 2  COMICROVISION, INC.  Street Address 2  COMICROVISION, INC.  Street Address 1  Street Address 2  COMICROVISION, INC.	Name of Issuer		0
Juridiction of Incorporation/Organization  DELAWARE  Vear of Incorporation/Organization  © Over Five Years Ago  Within Last Five Years  Specify Year)  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  6244 IBSTH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  3. Related Persons  Last Name First Name Middle Name  GORTON State/Province/Country ZIP/Postal Code  REDMOND WASHINGTON  State/Province/Country ZIP/Postal Code  REDMOND WASHINGTON  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Middle Name  Street Address 1  Street Address 2  COMICROVISION, INC.  City State/Province/Country ZIP/Postal Code  REDMOND WASHINGTON  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MILLIGAN PERRY  M.  Street Address 1  Street Address 2  COMICROVISION, INC.  City State/Province/Country ZIP/Postal Code  City State/Province/Country ZIP/Postal Code	MICROVISION, INC.		C
Country   Coun			C
Year of Incorporation/Organization  © Over Five Years Ago Within Last Five Years (Specify Year) C Yet to Be Formed  2. Principal Place of Business and Contact Information Name of Issuer MICROVISION, INC. Street Address 1  Street Address 2  Street Address 2  Street Address 2  Street Address 3  Street Address 4  Street Address 9  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  REDMOND  Relationship: State/Province/Country ZIP/Postal Code  REDMOND  Relationship: Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY  M.  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  Mashington  Street Address 1  Street Address 2  C/O MICROVISION, INC.  Street Address 1  Street Address 2  C/O MICROVISION, INC.	DELAWARE		C
C Over Five Years Ago  Within Last Five Years (Specify Year)  C Yet to Be Formed  2. Principal Place of Business and Contact Information  Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  REDMOND  Street Address 1  Street Address 2  [6246 18STH AVENUE NE, SUITE 100  Street Address 1  Street Address 2  [6246 18STH AVENUE NE, SUITE 100  Street Address 1  Street Address 2  [6246 18STH AVENE, SUITE 100  City State/Province/Country ZIP/Postal Code  REDMOND  REDMOND  RELATIONAL STREET ADDRESS  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN  PERRY  M.  Street Address 2  COM MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  MICROVISION, INC.  City State/Province/Country ZIP/Postal Code	Year of Incorporation/Organization	on .	
2. Principal Place of Business and Contact Information  Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  6244 185TH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  REDMOND  Street Address 2  425-936-6847   3. Related Persons  Last Name First Name Middle Name  GORTON  Street Address 1  Street Address 2  CO MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  REDMOND  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN  PERRY  M.  Street Address 2  CO MICROVISION, INC.  Clay State/Province/Country ZIP/Postal Code  Middle Name  MULLIGAN  PERRY  M.  Street Address 2  CO MICROVISION, INC.  Clay State/Province/Country ZIP/Postal Code  Clay State/Province/Country ZIP/Postal Code	⊙ Over Five Years Ago		- Cutt
2. Principal Place of Business and Contact Information  Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  6244 185TH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  REDMOND  REDMOND  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  REDMOND  Relationship:  Executive Officer   Director  Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN  PERRY  M.  Street Address 2  C/O MICROVISION, INC.  Clay State/Province/Country ZIP/Postal Code  Mulligan  Street Address 1  Street Address 2  Committee Middle Name  Mulligan  Street Address 1  Street Address 2  Committee Middle Name  Mulligan  Street Address 1  Street Address 2  Committee Middle Name  Mulligan  Street Address 1  Street Address 2  Committee Middle Name  Middle Name  Middle Name  Mulligan  Street Address 1  Street Address 2  Committee Middle Name  Mulligan  Street Address 1  Street Address 2  Committee Middle Name  Middle Name  Middle Name  Mulligan  Street Address 2  Committee Middle Name			
Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  WASHINGTON  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  Street Address 1  Street Address 2  [6244 18STH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code  REDMOND  RELATION STREET NAME Middle Name  [60RTON State/Province/Country ZIP/Postal Code  REDMOND  [70 MICROVISION, INC. 10]  [71 State/Province/Country ZIP/Postal Code  [72 Director 10]  [73 Promoter  Clarification of Response (if Necessary)  [74 Last Name First Name Middle Name  [75 Middle Name Middle Name  [76 Middle Name Middle Name  [77 Middle Name Middle Name  [78 Middle Name Middle Name Middle Name  [78 Middle Name Middle Name  [78 Middle Name Middle Name  [78 Middle Name Middle Name Middle Name Middle Name  [78 Middle Name Middle Name Middle Name Middle Name Middle Name  [78 Middle Name Mi	C Yet to Be Formed		
Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  WASHINGTON  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  Street Address 1  Street Address 2  [6244 18STH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code  REDMOND  RELATION STREET NAME Middle Name  [60RTON State/Province/Country ZIP/Postal Code  REDMOND  [70 MICROVISION, INC. 10]  [71 State/Province/Country ZIP/Postal Code  [72 Director 10]  [73 Promoter  Clarification of Response (if Necessary)  [74 Last Name First Name Middle Name  [75 Middle Name Middle Name  [76 Middle Name Middle Name  [77 Middle Name Middle Name  [78 Middle Name Middle Name Middle Name  [78 Middle Name Middle Name  [78 Middle Name Middle Name  [78 Middle Name Middle Name Middle Name Middle Name  [78 Middle Name Middle Name Middle Name Middle Name Middle Name  [78 Middle Name Mi			
Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  WASHINGTON  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  Street Address 1  Street Address 2  [6244 18STH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code  REDMOND  RELATION STREET NAME Middle Name  [60RTON State/Province/Country ZIP/Postal Code  REDMOND  [70 MICROVISION, INC. 10]  [71 State/Province/Country ZIP/Postal Code  [72 Director 10]  [73 Promoter  Clarification of Response (if Necessary)  [74 Last Name First Name Middle Name  [75 Middle Name Middle Name  [76 Middle Name Middle Name  [77 Middle Name Middle Name  [78 Middle Name Middle Name Middle Name  [78 Middle Name Middle Name  [78 Middle Name Middle Name  [78 Middle Name Middle Name Middle Name Middle Name  [78 Middle Name Middle Name Middle Name Middle Name Middle Name  [78 Middle Name Mi			
Name of Issuer  MICROVISION, INC.  Street Address 1  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  WASHINGTON  Street Address 2  [6244 18STH AVENUE NE, SUITE 100  Street Address 1  Street Address 2  [6244 18STH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code  REDMOND  REDMOND  WASHINGTON  [98052  Relationship: Executive Officer	2 Principal Place of B	usiness and Contact Ir	nformation
Street Address 1  Street Address 2  6244 185TH AVENUE NE, SUITE 100  City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND WASHINGTON 98052  425-936-6847  3. Related Persons  Last Name First Name Middle Name  GORTON SLADE  Street Address 1  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  REDMOND WASHINGTON 98052  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY  Street Address 1  Street Address M.		democe and contact in	normation.
City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND WASHINGTON 98052 425-936-6847  3. Related Persons  Last Name First Name Middle Name  GORTON SLADE  Street Address 1 Street Address 2  C/O MICROVISION, INC. 6244 185TH AVE NE, SUITE 100  REDMOND WASHINGTON 98052  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY  Street Address 1 Street Address 2  C/O MICROVISION, INC. Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY  Street Address 1 Street Address 2  C/O MICROVISION, INC. 6244 185TH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code	MICROVISION, INC.		
City State/Province/Country ZIP/Postal Code Phone No. of Issuer  REDMOND  WASHINGTON  98052  425-936-6847   3. Related Persons  Last Name First Name Middle Name  GORTON  SLADE  Street Address 1  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  REDMOND  WASHINGTON  Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN  PERRY  M.  Street Address 2  C/O MICROVISION, INC.  City State/Province/Country  Street Address 2  C/O MICROVISION, INC.  City State/Province/Country  Street Address 2  C/O MICROVISION, INC.  City State/Province/Country  ZIP/Postal Code  City State/Province/Country  ZIP/Postal Code	Street Address 1	Street Address 2	2
REDMOND	6244 185TH AVENUE NE, SUITE	100	
3. Related Persons  Last Name First Name Middle Name  GORTON SLADE  Street Address 1 Street Address 2  C/O MICROVISION, INC.  G244 185TH AVE NE, SUITE 100  REDMOND WASHINGTON 98052  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY M.  Street Address 1 Street Address 2  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code	City S	tate/Province/Country ZIP/Posta	l Code Phone No. of Issuer
Last Name    GORTON   SLADE	REDMOND	WASHINGTON 98052	425-936-6847
Last Name    GORTON   SLADE			
Last Name    GORTON   SLADE			
Last Name    GORTON   SLADE			
Last Name    GORTON   SLADE			
Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code  REDMOND  WASHINGTON  Promoter  Clarification of Response (if Necessary)  Last Name  First Name  MULLIGAN  PERRY  M.  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code	3. Related Persons		
Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code  REDMOND  WASHINGTON  Promoter  Clarification of Response (if Necessary)  Last Name  First Name  MULLIGAN  PERRY  M.  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code	Last Name	First Name	Middle Name
Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code  REDMOND  WASHINGTON  Promoter  Clarification of Response (if Necessary)  Last Name  First Name  MULLIGAN  PERRY  M.  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code  MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code		11-	Nildule Ivaille
C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code  REDMOND WASHINGTON  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY  Street Address 1 Street Address 2  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code			<u> </u>
City State/Province/Country ZIP/Postal Code  REDMOND WASHINGTON 98052  Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY M.  Street Address 1 Street Address 2  C/O MICROVISION, INC. 6244 185TH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code	-		
Relationship:  Executive Officer  Director  Promoter  Clarification of Response (if Necessary)  Last Name  First Name  MULLIGAN  PERRY  M.  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code			
Relationship:	-	- I I <del></del>	-1
Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY  Street Address 1 Street Address 2  C/O MICROVISION, INC. 6244 185TH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code			
Clarification of Response (if Necessary)  Last Name First Name Middle Name  MULLIGAN PERRY  Street Address 1 Street Address 2  C/O MICROVISION, INC. 6244 185TH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code	Relationship:	tive Officer Director	Promoter
Last Name First Name Middle Name  MULLIGAN PERRY M.  Street Address 1 Street Address 2  C/O MICROVISION, INC. 6244 185TH AVE NE, SUITE 100  City State/Province/Country ZIP/Postal Code			
MULLIGAN  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code	Clarification of Response (if Necessar	у)	
MULLIGAN  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code			
MULLIGAN  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code			
MULLIGAN  Street Address 1  Street Address 2  C/O MICROVISION, INC.  City  State/Province/Country  ZIP/Postal Code	Last Nama	First Nama	Middle Name
Street Address 2  C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code			
C/O MICROVISION, INC.  City State/Province/Country ZIP/Postal Code		1 [	
City State/Province/Country ZIP/Postal Code			
WASHINGTON 98052		1	-1
	KEDMOND	WASHINGTON	70032

□ Director

Promoter

Executive Officer

	ecessary)			
ast Name	First Name		Middle Name	
TOKMAN	ALEXANDE	TR		
treet Address 1	ALEXARDE	Street Address 2		
C/O MICROVISION, INC	7	1	VE NE, SUITE 100	
City	State/Province		ZIP/Postal Code	
REDMOND	WASHING		98052	
1122.1101.12			] [2002	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response (if N	ecessary)			
nai incation of response (ii iv	ccessary)			
ast Name	First Name		Middle Name	
TURNER	BRIAN		7	
treet Address 1		Street Address 2	=1	
C/O MICROVISION, INC	D.	1	VE NE, SUITE 100	
ity	State/Province		ZIP/Postal Code	
REDMOND	WASHINGT		98052	
Relationship:	Executive Officer	✓ Director	Promoter	
T. I		Personal Control of the Control of t	k;	
	ecessary)			
	ecessary)			
	ecessary)			
Clarification of Response (if N				
Clarification of Response (if N	First Name		Middle Name	
Clarification of Response (if N			Middle Name	
Clarification of Response (if N  .ast Name  WALKER	First Name THOMAS	Street Address 2	Middle Name	
Clarification of Response (if N	First Name THOMAS	Street Address 2	Middle Name	
Larification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC	First Name THOMAS	Street Address 2	Middle Name	
Larification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC	First Name THOMAS	Street Address 2  6244 185TH A	Middle Name  M.  VE NE, SUITE 100	
Clarification of Response (if N  .ast Name  WALKER  Street Address 1  C/O MICROVISION, INC	First Name THOMAS  State/Province	Street Address 2  6244 185TH A	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code	
Clarification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC  City  REDMOND	First Name THOMAS  State/Province	Street Address 2  6244 185TH A	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code	
ast Name WALKER treet Address 1 C/O MICROVISION, INC City REDMOND Relationship:	First Name  THOMAS  State/Province  WASHING  Executive Officer	Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052	
ast Name WALKER treet Address 1 C/O MICROVISION, INC ity REDMOND	First Name  THOMAS  State/Province  WASHING  Executive Officer	Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052	
ast Name WALKER treet Address 1 C/O MICROVISION, INC City REDMOND	First Name  THOMAS  State/Province  WASHING  Executive Officer	Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052	
Clarification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC  City  REDMOND  Relationship:	First Name  THOMAS  State/Province  WASHING  Executive Officer	Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052	
Larification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC  City  REDMOND  Relationship:	First Name  THOMAS  State/Province  WASHING  Executive Officer	Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052	
Clarification of Response (if N  Last Name  WALKER  Cro MICROVISION, INC  City  REDMOND  Relationship:	First Name THOMAS  State/Province WASHING  Executive Officer  (ecessary)	Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052  Promoter	
ast Name WALKER treet Address 1 C/O MICROVISION, INC City REDMOND  Clarification of Response (if N	First Name  THOMAS  State/Province  WASHING  Executive Officer  eccessary)	Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052  Promoter  Middle Name	
Clarification of Response (if N  Last Name  WALKER  Creet Address 1  C/O MICROVISION, INC  City  REDMOND  Relationship:  Clarification of Response (if N  Last Name  FARHI  Creet Address 1	First Name THOMAS  State/Province WASHING  Executive Officer eccessary)  First Name YALON	Street Address 2  6244 185TH A  e/Country  TON  Director  Street Address 2	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052  Promoter  Middle Name	
Clarification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC  City  REDMOND  Clarification of Response (if N  Last Name  FARHI  Street Address 1  C/O MICROVISION, INC	First Name THOMAS  State/Province WASHING  Executive Officer  fecessary)  First Name YALON	Street Address 2  6244 185TH A  e/Country  TON  Director  Street Address 2	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052  Promoter  Middle Name	
Clarification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC  City  REDMOND  Clarification of Response (if N  Last Name  FARHI  Street Address 1  C/O MICROVISION, INC  City  City	First Name  THOMAS  State/Province  WASHING  Executive Officer  ecessary)  First Name  YALON  State/Province	Street Address 2  6244 185TH A  e/Country  Director  Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052  Promoter  Middle Name  VE NE, SUITE 100  ZIP/Postal Code	
Clarification of Response (if N  Last Name  WALKER  Street Address 1  C/O MICROVISION, INC  City  REDMOND  Clarification of Response (if N  Last Name  FARHI  Street Address 1  C/O MICROVISION, INC	First Name THOMAS  State/Province WASHING  Executive Officer  fecessary)  First Name YALON	Street Address 2  6244 185TH A  e/Country  Director  Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052  Promoter  Middle Name	
Clarification of Response (if N  Last Name WALKER  Street Address 1  C/O MICROVISION, INC  City  REDMOND  Clarification of Response (if N  Last Name FARHI  Street Address 1  C/O MICROVISION, INC  City  City  City  City  City  Comicrovision, Inc  City  City	First Name  THOMAS  State/Province  WASHING  Executive Officer  ecessary)  First Name  YALON  State/Province	Street Address 2  6244 185TH A  e/Country  Director  Street Address 2  6244 185TH A  e/Country	Middle Name  M.  VE NE, SUITE 100  ZIP/Postal Code  98052  Promoter  Middle Name  VE NE, SUITE 100  ZIP/Postal Code	

Last Name		First Name		Middle Name
CARLILE	ARLILE ROBERT			
Street Address 1			Street Address	2
C/O MICROVISION	, INC.		6244 185TH A	AVE NE, SUITE 100
City		State/Province/C	Country	ZIP/Postal Code
REDMOND		WASHINGTO	)N	98052
Relationship:	Executi	ive Officer	Director	Promoter
Clarification of Response	(if Necessary	)		
Last Name		First Name		Middle Name
HOLT		STEPHEN		P.
Street Address 1			Street Address	2
C/O MICROVISION	, INC.		6244 185TH A	AVE NE, SUITE 100
City		State/Province/C	Country	ZIP/Postal Code
REDMOND		WASHINGTO	N	98052
Relationship:	Execut	ive Officer	Director	Promoter
Clarification of Response	(if Necessary	)		
Last Name		First Name		Middle Name
ZIMMERMAN		DALE		
Street Address 1			Street Address	2
C/O MICROVISION	, INC.		6244 185TH A	AVE NE, SUITE 100
City		State/Province/C	Country	ZIP/Postal Code
REDMOND		WASHINGTO	)N	98052
Relationship:	Executi	ive Officer	Director	Promoter
Clarification of Decrease	(SENI annual ann	`		<u> </u>
Clarification of Response	(II Necessary	)		
Last Name		First Name		Middle Name
WESTGOR		DAVID		J.
Street Address 1			Street Address	
C/O MICROVISION	, INC.		6244 185TH A	AVE NE, SUITE 100
City	-	State/Province/C	L	ZIP/Postal Code
REDMOND		WASHINGTO		98052
Relationship:	Executi	ive Officer	Director	Promoter
Clarification of Response	(if Necessary	)		

Last Name First Name Middle Name

SHARMA	SUMIT	
Street Address 1	Street Address 2	
C/O MICROVISION, INC.	6244 185TH AVE NE,	SUITE 100
City	State/Province/Country ZIP/I	Postal Code
REDMOND	WASHINGTON 980	52
Relationship: Execut	tive Officer Director	Promoter
Clarification of Response (if Necessary	7)	
I. Industry Group		
Agriculture	Health Care	Retailing
Banking & Financial Services	C Biotechnology C Health Insurance	Restaurants
C Commercial Banking	C Hospitals & Physicians	Technology
C Insurance	C Pharmaceuticals	A=0
C Investing	Other Health Care	Computers
C Investment Banking		C Telecommunications
C Pooled Investment Fund		© Other Technology
Other Banking & Financial  Services	C Marchaela	Travel
Business Services	Manufacturing Real Estate	C Airlines & Airports
Energy	C Commercial	C Lodging & Conventions
C Coal Mining	C Construction	C Tourism & Travel Services
C Electric Utilities	C REITS & Finance	Other Travel
C Energy Conservation	Kesidelitiai	Other
C Oil & Gas	Other Real Estate	
C Other Energy		
S Jacuar Siza		
	Aggragata Nat Assat Val	ue Range
evenue Range	Aggregate Net Asset Val	_
evenue Range  No Revenues	20.020	_
No Revenues  5 \$1 - \$1,000,000	C No Aggregate No	et Asset Value
No Revenues  \$1 - \$1,000,000  \$1,000,001 - \$5,000,000	No Aggregate No \$1 - \$5,000,000	et Asset Value
No Revenues  S1 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000	O No Aggregate No O \$1 - \$5,000,000 O \$5,000,001 - \$25,	et Asset Value 000,000 0,000,000
No Revenues   S1 - \$1,000,000   S1,000,001 - \$5,000,000   S5,000,001 - \$25,000,000   S25,000,001 - \$100,000,000	No Aggregate No \$1 - \$5,000,000 \$5,000,001 - \$25, \$25,000,001 - \$50	et Asset Value 000,000 0,000,000 00,000,000
No Revenues  S1 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$100,000,000  Over \$100,000,000	C No Aggregate No C \$1 - \$5,000,000 C \$5,000,001 - \$25, C \$25,000,001 - \$50 C \$50,000,001 - \$10	et Asset Value  000,000  0,000,000  00,000,000
No Revenues   No Revenues	No Aggregate No S1 - \$5,000,000 S5,000,001 - \$25, S25,000,001 - \$56 S50,000,001 - \$10 Over \$100,000,00	et Asset Value  000,000  0,000,000  00,000,000
\$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose	No Aggregate No S1 - \$5,000,000 S5,000,001 - \$25, S25,000,001 - \$50 S50,000,001 - \$10 Over \$100,000,00 Decline to Disclo	et Asset Value  000,000  0,000,000  00,000,000
Revenue Range  No Revenues  \$1 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$100,000,000  Over \$100,000,000  Decline to Disclose  Not Applicable  3. Federal Exemption(	No Aggregate No S1 - \$5,000,000 S5,000,001 - \$25, S25,000,001 - \$5 S50,000,001 - \$1 Over \$100,000,00 Decline to Disclo	et Asset Value  000,000  0,000,000  00,000,000  00  se
Revenue Range  No Revenues  S1 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$100,000,000  \$25,000,001 - \$100,000,000  Over \$100,000,000  Decline to Disclose  Not Applicable  8. Federal Exemption(apply)	C No Aggregate No C \$1 - \$5,000,000 C \$5,000,001 - \$25, C \$25,000,001 - \$56 C \$50,000,001 - \$10 C Over \$100,000,00 C Decline to Disclo C Not Applicable  S) and Exclusion(s) Claime	et Asset Value  000,000  0,000,000  00,000,000  00  se
Revenue Range  No Revenues  \$1 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$100,000,000  Over \$100,000,000  Decline to Disclose  Not Applicable  Rule 504(b)(1) (not (i), (ii) or (iii))	No Aggregate No   S1 - \$5,000,000	et Asset Value  000,000  0,000,000  00,000,000  00  se
No Revenues	No Aggregate No   S1 - \$5,000,000	et Asset Value  000,000  0,000,000  00,000,000  00  se
No Revenues   St - \$1,000,000   St,000,001 - \$5,000,000   S5,000,001 - \$25,000,000   S25,000,001 - \$100,000,000   Over \$100,000,000   Decline to Disclose   Not Applicable   Not Applicable   Rule 504(b)(1) (not (i), (ii) or (iii))   Rule 504 (b)(1)(i)   Rule 504 (b)(1)(ii)   Rule 504 (b)(1)(ii)	No Aggregate No   S1 - \$5,000,000	et Asset Value  000,000  0,000,000  00,000,000  00  se
No Revenues	No Aggregate No   S1 - \$5,000,000	et Asset Value  000,000  0,000,000  00,000,000  00  se

7. Type of Filing
New Notice Date of First Sale 2017-08-29 First Sale Yet to Occur
Amendment
8. Duration of Offering
Does the Issuer intend this offering to last more than one year?  O Yes  No
9. Type(s) of Securities Offered (select all that apply)
Pooled Investment Fund Interests  Equity
Tenant-in-Common Securities Debt
Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon  Exercise of Outlon Warrant or
Other Right to Acquire Security Other (describe)
•
10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?  Yes  No
Clarification of Response (if Necessary)
11. Minimum Investment
Minimum investment accepted from any outside S 0 USD
Minimum investment accepted from any outside S 0 USD
Minimum investment accepted from any outside investor
Minimum investment accepted from any outside sinvestor  12. Sales Compensation
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  (Associated) Broker or Dealer None
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  (Associated) Broker or Dealer None
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  Street Address 1 Street Address 2
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  Street Address 1 Street Address 2
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code  State(s) of Solicitation All States
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None Number  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code  State(s) of Solicitation All States  13. Offering and Sales Amounts
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None Number  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code  State(s) of Solicitation All States  13. Offering and Sales Amounts
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None Number  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code  State(s) of Solicitation All States  13. Offering and Sales Amounts  Total Offering Amount \$ \$\frac{3150000}{5150000} USD  \textsquare Indefinite  Total Amount Sold \$ \$\frac{3150000}{5150000} USD  \textsquare Indefinite
Minimum investment accepted from any outside investor  12. Sales Compensation  Recipient Recipient CRD Number None  (Associated) Broker or Dealer None Number  Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code  State(s) of Solicitation All States  13. Offering and Sales Amounts  Total Offering Amount \$ 3150000 USD Indefinite  Total Amount Sold \$ 3150000 USD

14. Investors
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering  Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:
15. Sales Commissions & Finders' Fees Expenses
Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$ 0 USD Estimate
Finders' Fees \$ 0 USD Estimate
Clarification of Response (if Necessary)
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.
\$ USD Estimate
Clarification of Response (if Necessary)
Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
  described and undertaking to furnish them, upon written request, the information furnished to
  offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
MICROVISION, INC.	DAVID WESTGOR	DAVID WESTGOR	GENERAL COUNSEL	2017-09-11