

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

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
Expires: May 31, 2005
OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden
hours per response16.00

Estimated average burden hours per response16.00				
SEC USI	E ONLY			
Drafiv	Serial			

DATE RECEIVED

	UNIFORM LIMITED OFFERING	EEXEMPTION	
	his is an amendment and name has changed, and indi Convertible Notes and Warrants issued by Micro		PROG.
Filing Under (Check box(es) that you of Filing: New Filing [	it apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Amendment	Section 4(6) ULOE	PECH OF CEIVED WITH
	A. BASIC IDENTII	FICATION DATA	
. Enter the information request	ted about the issuer		1 MADR & D ZUCL /
Name of Issuer ( check if this Microvision, Inc.	is an amendment and name has changed, and indicate	te change.)	
Address of Executive Offices 9910 North Creek Parkway Bothell, WA 98011	(Number and Street, City, State, Zip Code)	Telephone Number (including Are (425) 415-6847	ea Code)
Address of Principal Business Oif different from Executive Offi	perations (Number and Street, City, State, Zip Code) ces)	Telephone Number (including Are	ea Code)
Brief Description of Business Development of high-resolution	n displays and imaging systems.		
ype of Business Organization  ✓ corporation	☐limited partnership, already formed		PROCESSED
business trust	limited partnership, to be formed	other (please specify):	MAR 2 8 2015
Actual or Estimated Date of Incoursidiction of Incorporation or 0	orporation or Organization:  Month Year  1		thomson E Financial

# GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

\* The Company was founded in May 1993 as a Washington corporation. The Company reincorporated in Delaware in December 2003.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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 control number.

SEC 1972 (5/91) 1 of 6



A. BASIC IDENTIFICATION DATA							
2. Enter the information requested for the following:  X Each promoter of the issuer, if the issuer has been organized within the past five years;  X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  X Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ ☐	Director General and/or Managing Partner						
Full Name (Last name first, if individual)  Rutkowski, Richard F.  Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011							
Full Name (Last name first, if individual)	Director General and/or Managing Partner						
Willey, Stephen R.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ ☐	Director General and/or Managing Partner						
Full Name (Last name first, if individual)  Raisig, Richard A.							
Business or Residence Address (Number and Street, City, State, Zip Code)	·						
c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011  Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ □	Director General and/or Managing Partner						
Full Name (Last name first, if individual)	offector General and/or Managing Faither						
Veeraraghavan, Vilakkudi							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ ☐	Director General and/or Managing Partner						
Full Name (Last name first, if individual)  Lee, Andrew U.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ □	Pirector General and/or Managing Partner						
Full Name (Last name first, if individual)  McIntyre, Todd R.							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ ☐	Director General and/or Managing Partner						
Full Name (Last name first, if individual) Sanko, Thomas E.							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ ☐	Director						
Full Name (Last name first, if individual) Walker, Thomas M.							
Business or Residence Address (Number and Street, City, State, Zin Code)							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

□ Director

☐ General and/or Managing Partner

c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011 Check Box(es) that Apply: Promoter Beneficial Owner Ex

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011

Full Name (Last name first, if individual)

Brandwynne, Jacqueline

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Cowell, Richard A.							
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)				
c/o Microvision, Inc., 1991	10 North Creek	Parkway, Bothell, WA	, 98011				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first, Gorton, Slade	, if individual)						
Business or Residence Add	ress (Number ar	nd Street, City, State, Zin	Code)				
c/o Microvision, Inc., 1991	*	•					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	, if individual)						
Lack, Walter J.	, , , , , , , , , , , , , , , , , , ,						
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)				
c/o Microvision, Inc., 1991	10 North Creek	Parkway, Bothell, WA	., 98011				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first,	, if individual)						
Ratliffe, Robert A.							
Business or Residence Add	`		,				
c/o Microvision, Inc., 1991	10 North Creek	Parkway, Bothell, WA	., 98011				
Check Box(es) that Apply:	□Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first,	if individual)						
Reimer, Dennis	01 1	10, 0, 0, 7	- C- 1-)				
Business or Residence Add	•		•				
c/o Microvision, Inc., 1991			· <u> </u>	_			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)							
Wilson, Jeff		···					
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Microvision, Inc., 19910 North Creek Parkway, Bothell, WA, 98011							
c/o Microvision, Inc., 1991	U North Creek	Farkway, Bothell, WA	, 98011		· · · · · · · · · · · · · · · · · · ·		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INFO	RMATIO	N ABOU	T OFFER	RING					
1. Has t							Yes	No ⊠						
				A	nswer also	in Appendi	ix, Column	2, if filing	under ULO	E.				
2. What									\$ N/A					
3. Does									Yes	No				
									$\boxtimes$					
remu perso five ( only.		solicitation f a broker o b be listed a	of purchase r dealer reg re associate	ers in conne istered with	ction with the SEC a	sales of secund/or with a	irities in th state or st	e offering. ates, list the	If a person name of the	to be listed e broker or	is an associated dealer. If m	ated iore than		
	Last name fi Securities,		idual)											
170 Change	Residence A ebridge Roa sociated Bro	d, Suite B1	, Montville			Code)								
States in Wh	nich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Checl	k "All States	" or check i	ndividual S	tates)		••••					All States			
[AL] <b>X</b> [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] <b>X</b> [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (	Last name fi	rst, if indiv	idual)								•			
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of As	sociated Bro	ker or Deal	ег											
States in Wh	nich Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All	States" or cl	neck individ	lual States)								All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC] Last name fi	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
					a <del>a.</del> .			· · · · · · · · · · · · · · · · · · ·						
	Residence A			treet, City,	State, Zip C	lode)					_			
Name of Ass	sociated Bro	ker or Deal	er					_	•					
States in Wh	nich Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All	States" or cl	neck individ	lual States)	••••••••	**************	••••••••••	,				All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]		

[TX] [UT] [VT] [VA] [WA] [WV] [WI]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity		•
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests	\$	\$
	Other (Specify) Senior secured exchangeable convertible notes and warrants	\$ 10,000,000	\$ 10,000,000
	Total	\$ 10,000,000	\$ 10,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$ 10,000,000
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		s
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 85,000
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$ 160,000
	Other Expenses (identify) Legal fees paid to purchaser's counsel.	<u></u>	\$ 60,000
	Total		\$ 305,000
		_	

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
١.		ring price given in response to Part C - Question 1 and to n 4.a. This difference is the "adjusted gross proceeds to		\$ 9,695,000
;.	the purposes shown. If the amount for any purpose	oceeds to the issuer used or proposed to be used for each is not known, furnish an estimate and check the box to d must equal the adjusted gross proceeds to the issuer se	the	
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		s	□ <b>s</b>
	Purchase of real estate		<u></u> <b>s</b>	□ <b>s</b>
	Purchase, rental or leasing and installation of mach	inery and equipment	s	□ <b>s</b>
	Construction or leasing of plant buildings and facil	ities	s	□s
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger)		s	□ s
	Repayment of indebtedness		s	□s
	Working capital		s	☑ \$ 9,695,000
	Other (specify):		□ \$	□s
	Column Totals		s	☑ \$ 9,695,000
	Total Payments Listed (column totals added)		🛮 🖾 \$ 9,695	5,000
		D. FEDERAL SIGNATURE		
uī		undersigned duly authorized person. If this notice is fil ties and Exchange Commission, upon written request of Jule 502.		
ss ⁄Ii	uer (Print or Type) crovision, Inc.	Signature & WIL	Date March 21, 2005	
	me of Signer (Print or Type) omas M. Walker	Title of Signer (Print or Type) Vice President, General Counsel		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION