FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235-

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BURKE DUNALD C				1	in to it some [in it]									X	Director		10% C	wner	
ast) (First) (Middle) 411 E. MISSION AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 09/12/2014													(specify	
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
NE W	A 9	99202												ne) X	Form filed by One Reporting Person Form filed by More than One Reporting				
(St	ate) (Zip)													Person				
	Tabl	e I - Nor	n-Deriv	ative	Se	curiti	es Ac	quired	, Dis	posed o	f, or	Ben	eficia	ally O	wned				
Date					ır) I	Execution	xecution Date, any		Transaction Disposed Code (Instr. 5)					nd S B O	ecurities eneficially wned Following	Fo (D	orm: Direct) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount		A) or O)	Price	T	ransaction(s)			(msu. 4)	
Common Stock 09				/2014						32(2)		A	\$32.61		9,495		D		
	Та													y Owr	ned				
itle of ivative Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year)		n Date, ay/Year)	Transaction Code (Instr. 3)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year) Date Expiration			Amoun or Numbe of		ount nber	Derivat Securit	derivative Securities Beneficial Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	(Find MISSION AND	(First) (MISSION AVENUE NE WA (State) (Table Security (Instr. 3) Stock 2. Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) MISSION AVENUE NE WA 99202 (State) (Zip) Table I - Note to the content of t	(First) (Middle) MISSION AVENUE NE WA 99202 (State) (Zip) Table I - Non-Deriv Security (Instr. 3) 2. Transa Date (Month/D Month/D Stock Table II - Derivati (e.g., pt (Month/Day/Year) 2. Transaction Date (Month/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year)	(First) (Middle) MISSION AVENUE Table I - Non-Derivative Security (Instr. 3) Table II - Derivative S (e.g., puts, c Conversion or Exercise Price of Derivative Security 2. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) 4. If AVENUE AND DEVIVE SECURITY STATES SECURITY	(First) (Middle) MISSION AVENUE Table I - Non-Derivative Sescurity (Instr. 3) Stock Table II - Derivative Security (e.g., puts, calls (Month/Day/Year) 2. 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Transaction (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Particle (Instr. 3) (Code V Amount (A) or Price Characteristics Characteris	

Explanation of Responses:

- 1. Shares issued under the Long Term Incentive Plan as an award of stock for Director Compensation. The price per share is the closing price on September 11, 2014.
- 2. Shares issued as part of Mr. Burke's Director retainer.

<u>/s/Donald C. Burke</u> 09/12/2014

** 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 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.