## FORM D

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

EC Wall Wall Processing Section

DEC 15 2006

**FORM D** 

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires December 31, 2008							
Estimated average burden							
hours per respon	se: 16.00						

SEC USE ONLY						
Prefix		Serial				
		1				
DATE RECEIVED						
	i	<u>_</u>				

	nent and name has changed, and indicate change.)				
William Blair: Non-US Equity LLC: Limited Filing Under (Check box(es) that apply):		□ Section 4(6) □ Section 4(6)			
Type of Filing: ☐ New Filing ☑ Amend		Section 4(6) PROCESSED			
	A. BASIC IDENTIFICATION DATA	DEC 94 2020			
1. Enter the information requested about the iss	uer	010 2 2 2000			
Name of Issuer (☐ check if this is an amendm	nent and name has changed, and indicate change.)	THOMSON REUTERS			
William Blair: Non-US Equity LLC		TO THE OTT REDIENCE			
Address of Executive Offices (N	umber and Street, City, State Zip Code)	Telephone Number (including Area Code)			
One New York Plaza, New York, New York	(212) 902-1000				
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)			
Brief Description of Business To operate as a private investment fund.					
Type of Business Organization		08070161 <del></del>			
☐ corporation	☐ limited partnership, already formed	☑ Other (prease specify):			
☐ business trust	☐ limited partnership, to be formed	Limited Liability Company			
Actual or Estimated Date of Incorporation or Or	ganization:  Month Year 0 8 0 5	☑ Actual ☐ Estimated			
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia State: CN for Canada; FN for other foreign jur				

#### 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).

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: Two (2) 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 collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; 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; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) William Blair: Non-US Equity Offshore L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Walker House, PO Box 908GT, Mary Street, George Town, Grand Cayman, Cayman Islands ☐ Beneficial Owner Executive Officer\* Director General and/or Check Box(cs) that Apply: ☐ Promoter \* of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Asali, Omar M. Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer\* Director General and/or \* of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Barbetta, Jennifer Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Beneficial Owner ☐ Promoter $\square$ Executive Officer\* Director General and/or \* of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Gottlieb, Jason (Number and Street, City, State, Zip Code) Business or Residence Address One New York Plaza, New York, New York 10004 Check Box(es) that Apply: ☐ Promoter Beneficial Owner $\square$ Executive Officer\* Director П General and/or \* of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) Ort, Peter **Business or Residence Address** (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer\* Director General and/or \* of the Issuer's Managing Member Managing Partner

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

One New York Plaza, New York, New York 10004

**Business or Residence Address** 

Ross, Hugh M.

				B. IN	FORMAT	TION ABO	OUT OFF	ERING		<del></del>		
			-								Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø			
					•••	·		under ULO	E.			
		num investn		•	·						\$	*
*The Issuer's Managing Member may in its sole discretion accept subscription amounts in whatever amount it determines is acceptable.  3. Does the offering permit joint ownership of a single unit?							Yes <b>☑</b>	No □				
comm If a pe or state	ission or sings erson to be l es, list the r	ation reques milar remun isted is an a name of the , you may s	eration for s ssociated pe broker or d	solicitation erson or age ealer. If m	of purchase ent of a brok ore than five	ers in conne ker or deale e (5) person	ction with s r registered is to be liste	sales of secu with the SE	rities in the C and/or w	offering.		
Full Name	(Last name	e first, if inc	lividual)						E1-202			
Goldman,	, Sachs & C	Co.*										
purchaser	in any jur						mmissions	will be paid	l, directly (	or indirectly	y, for solici	ting any
Business o	or Residence	e Address (l	Number and	Street, Cit	y, State, Zip	Code)						
		v York, Ne		004								
Name of A	Associated E	Broker or De	ealer									
		on Listed Ha or check inc								***************************************	🗹 A	ll States
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		first, if ind		[174]	[0.]	[**]	[41]	["A]	[ •• • ]	[wij	[ 44 1 ]	[1.17]
Business o	r Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	Broker or De	ealer									
		n Listed Ha					<del></del>					1.6.
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ AI [HI]	1 States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler									
		n Listed Ha or check ind										All States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(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

1.	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	\$	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred		•		
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify): Limited Liability Company Units	\$_	653,215,946	\$	653,215,946
	Total	\$	653,215,946	\$	653,215,946
	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	_	264	\$	653,215,946
	Non-accredited Investors	******	0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
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		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
th th	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 the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	\$	57,150
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		<b>☑</b>	\$	57,150
			-	-	······································

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXP	ENS	ES A	AND USE OF P	ROCE	<b>EDS</b>	
	<ul> <li>b. Enter the difference between the aggregat</li> <li>- Question 1 and total expenses furnished in difference is the "adjusted gross proceeds to the</li> </ul>	response to Part C - Question 4.a	. Th	is		\$_		653,158,796
5.	Indicate below the amount of the adjusted grot to be used for each of the purposes shown. It furnish an estimate and check the box to t payments listed must equal the adjusted gross to Part C - Question 4.b. above.	the amount for any purpose is not like left of the estimate. The total	know of th	n, ie				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0	_ 🗆	\$_	0
	Purchase of real estate			\$_	0	_ 🗆	\$_	0
	Purchase, rental or leasing and installation of	machinery and equipment		\$_	0	_ 🗆	\$_	0
	Construction or leasing of plant buildings and	facilities		\$_	0		\$_	0
	Acquisition of other businesses (including the this offering that may be used in exchange another issuer pursuant to a merger)	for the assets or securities of		\$	0		\$	0
	Repayment of indebtedness			\$	0	-	s -	0
	Working capital			\$ - \$	0		\$ - \$	0
	Other (Specify): Limited Liability Company			\$ - \$	0	- ⊠ ⊠	\$ - \$	653,158,796
	Column Totals			* - \$	0	 Ø	\$	653,158,796
				-			*	000,100,170
	Total Payments Listed (column totals added)		••••••		☑ \$	653,1	58,79	6
		D. FEDERAL SIGNATUI	RE					
fo	he issuer has duly caused this notice to be sig fillowing signature constitutes an undertaking by tits staff, the information furnished by the issue	the issuer to furnish to the U.S. Se	curiti	ies ar	d Exchange Com	nission,	upon	er Rule 505, the written request
	er (Print or Type) liam Blair: Non-US Equity LLC	Signature		>	Date December 2, 20	08		
	ne of Signer (Print or Type)	Title of Signer (Print or Type) Assistant Secretary of the Issu	er's l	Mana	ging Member			

**ATTENTION** 

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

