FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Check this box if no longer subject to

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMEN Filed				ed purs	suant 1	o Sectio	n 16(a	a) of the	. Secu	Irities Exchang	ge Act of		RSH	IP	Estim		er: verage burde sponse:	3235-0287 en 0.5	
Name ar <mark>Norden</mark>		Reporting Person*			2. I <u>L</u> I	ssuer	Name a	ınd Tid	cker or	Tradin	g Symbol NOLOGIE		<u>C</u> [5. Relat (Check	all appl Direct	or	ng Pers	10% 0	wner
(Last) (First) (Middle) 5641 NORTH BROADWAY						Date o	of Earliest Transaction (Month/Day/Year) 2015						Officer (give title Other (spec below) below)						
Street) DENVE			30216		4. 1	f Ame	ndment,	Date	of Origi	nal Fi	led (Month/Da	ay/Year)		6. Indivi	Form	Joint/Group filed by On- filed by Mo on	e Rep	orting Pers	on
(City)	(51		(Zip)	lon-Deriv	/ativ	- So	curitio	- Λ <i>c</i>	· auiro	4 D	isposed o	f or B	enofic	cially (Owner	d			
. Title of \$	Security (Inst			2. Transact Date (Month/Day	ion	2A. Exec if an	Deemed	ate,	3. Transa Code (1 8)	ction	4. Securities Disposed Of	Acquire	d (A) or		5. Amo Securit Benefic Owned	ount of ties cially I Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)
Common	Stock			02/23/2	015				S		5,458,244	D	\$0.1	.625(1)		0		I	See note ⁽²⁾
Common	Stock			02/23/2	015				S		541,756	D	\$0.1	.625(3)	28,4	158,244		I	See note ⁽⁴⁾
		Та	able II								posed of, convertib				vned				
Title of Derivative Gecurity Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Trans. Code 8)	action	5. Nu	mber ative rities ired osed	1	e Exer	rcisable and Date	7. Title Amoun Securit Underly Derivat	and it of ties ying	8. Pri Deriv Secu (Instr	rative rity . 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F D O (I	O. Ownership Form: Oirect (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				•	Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r					
Name ar <mark>Norden</mark>		Reporting Person*																	
(Last) 5641 NC	RTH BRO	(First)	(1)	/liddle)															
Street) DENVE	R	CO	8	0216		_													
(City)		(State)	(Z	'ip)															
Name ar	nd Address of	Reporting Person*																	

Visser Precision Cast, LLC (Last) (First) (Middle) 5641 NORTH BROADWAY (Street) **DENVER** CO 80216 (City) (State) (Zip) 1. Name and Address of Reporting Person^* Furniture Row, LLC (Middle) (Last) (First) 5641 NORTH BROADWAY

(Ctro at)								
(Street) DENVER	СО	80216						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*								
VISSER BARNEY D								
(Last)	(First)	(Middle)						
5641 NORTH BROADWAY								
,								
(Street) DENVER	CO	80216						
- DERVER		00210						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Price reported represents average price. Actual prices ranged from \$.151 to \$.1856.
- 2. These shares were owned by Norden, LLC, which is owned by Furniture Row, LLC. Furniture Row, LLC is controlled by Barney D. Visser.
- 3. Price reported represents average price. Actual prices ranged from \$.151 to \$.1856.
- 4. These shares are owned by Visser Precision Cast, LLC, which is owned by Furniture Row, LLC. Furniture Row, LLC is controlled by Barney D. Visser.

Gregory R. Ruegsegger, Power 02/24/2015 of Attorney

** 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.