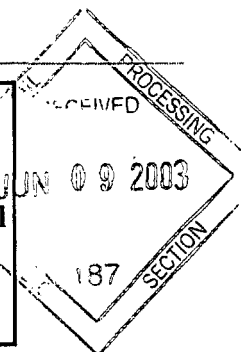


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SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 state exemption unless such exemption is predicated on the filing of a federal notice.



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

Table with OMB APPROVAL, OMB Number: 3235-0076, Expires: May 31, 2005, Estimated average burden hours per response... 1

FORM D

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

PROCESSED stamp, SEC USE ONLY table with Prefix, Serial, DATE RECEIVED (JUN 11 2003), THOMSON FINANCIAL

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Can & Bottle Systems, Inc. 2003 Limited Offering

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [x] Section 4(6) [] ULOE

Type of Filing: [] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA



1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Can & Bottle Systems, Inc.

Address of Executive Offices (Including Area Code) (Number and Street, City, State, Zip Code) Telephone Number 5021 SE 26th Portland, OR 97202 (503) 236-8817

Address of Principal Business Operations (Including Area Code) (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number

Brief Description of Business The Company develops, sells and services its reverse vending machines designed to handle the mandtory deposit redemption of beverage containers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Peterson, Ken

Business or Residence Address (Number and Street, City, State, Zip Code)

16703 SE McGillivray Blvd., Suite 210, Vancouver, WA 98683

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Rosenfeld, Warren

Business or Residence Address (Number and Street, City, State, Zip Code)

2495 NW Nicolai Street, Portland, OR 97296

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Dick, Spencer

Business or Residence Address (Number and Street, City, State, Zip Code)

12909 NE 95th Street, Vancouver, WA 98682

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Janner, William

Business or Residence Address (Number and Street, City, State, Zip Code)

5021 SE 26th, Portland, OR 97202

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Columbia Ventures Corporation

Business or Residence Address (Number and Street, City, State, Zip Code)

16703 SE McGillivray Blvd., Suite 210, Vancouver, WA 98683

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Hampson, Griffen

Business or Residence Address (Number and Street, City, State, Zip Code)

2925 SW Sunset Blvd., Portland, OR 97201

Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No [] [x]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$ 1,100

3. Does the offering permit joint ownership of a single unit?..... Yes No [] [x]

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

N/A

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [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]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
- [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
- [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]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
- [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
- [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 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Offering comprised of: (i) exchange offer at one share per \$.20 in surrendered debt; and (ii) offer of units at \$.22 (units comprised of one share and one warrant to purchase an additional share at \$.20)	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity Units (consisting of one share and one warrant)	\$ 1,224,455.40	\$ 207,000
<input checked="" type="checkbox"/> Common [] Preferred		
Convertible Securities (including warrants)	\$ ---	\$ ---
Partnership Interests	\$ 0	\$ 0
Other (Specify <u>Exchange Offering</u>)	\$ 1,213,373	\$ 1,202,510
Total	\$ ---	\$ ---

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who 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/Exchanges
Accredited Investors	11	\$ 1,409,510
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$

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, 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	_____	\$ _____

4. 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	<input type="checkbox"/> \$ 0
Printing and Engraving Costs	<input type="checkbox"/> \$ 0
Legal Fees	<input checked="" type="checkbox"/> \$ 45,000.00
Accounting Fees	<input type="checkbox"/> \$ 0
Engineering Fees	<input type="checkbox"/> \$ 0
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/> \$ 0
Other Expenses (identify) _____	<input type="checkbox"/> \$ 0
Total	<input checked="" type="checkbox"/> \$ 45,000.00

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$207,000 Gross Proceeds
\$162,000 Adjusted Gross Proceeds

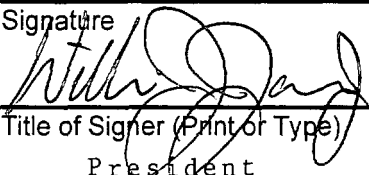
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Payments to
Officers, Payments

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$40,000
Purchase of real estate	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ —
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$10,000
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$10,000
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> 0	<input type="checkbox"/> —
Repayment of indebtedness	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 42,000
Working capital	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 30,000
Other (specify): <u>R & D</u>	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 30,000
<u>Web Site Development Software</u>	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> —
Column Totals	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$162,000
Total Payments Listed (column totals added)	<input type="checkbox"/> \$ 162,000	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Can & Bottle Systems, Inc.	Signature 	Date 6/3/03
Name of Signer (Print or Type) William Janner	Title of Signer (Print or Type) President	

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

E. STATE SIGNATURE