

FORM D

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

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response 16.00



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

SEC USE ONLY									
Prefix	, Serial								
DATE RE	CEIVED								
1	1								

Name of Offering (check if this is an amendment and name has changed, and indicate change.) VISUALANT INCORPORATED PPM dated 5-2005	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE PECEIVED
A. BASIC IDENTIFICATION DATA	< SEE (9 2005)
1. Enter the information requested about the issuer	120
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	135 /45
VISUALANT INCORPORATED (f/k/a Starberrys Corporation)	16 20 3
Address of Executive Offices (Number and Street, City, State, Zip Code) 500 Union Street, Suite 420	Telephone Number (Including, Area Code) 206-903-1351
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Seattle, WA 98101	Telephone Number (Including Area Code)
Brief Description of Business	
Developer of proprietary and patentable color technology providing spectral based file creation and matching and other frauds.	to detect identity crime, forgery, counterfeiting
Type of Business Organization Corporation	olease specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	mated : SEP 2 1 2005
CENERAL 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.

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.

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.

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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.

> 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 control number.

A. BASIC IDENTIFICATION DATA

- 2. 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

	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Erickson, Ronald					Managing Partner
Full Name (Last name first,	if individual)				
500 Union Street, Ste. 420, Se	eattle, Wa 98101				
Business or Residence Addr		Street, City, State, Zip Co	ode)		
·					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Brier, Ralph					Managing Partner
Full Name (Last name first,	if individual)				
500 Union Street, Suite 405, S	Seattle, WA 98101				•
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Co	ode)		
					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Goldberg, Jerry					Managing Partner
Full Name (Last name first,	if individual)				
500 Union Street, Suite 420, S					
Business or Residence Addr	ress (Number and S	Street, City, State, Zip Co	ode)		
				 -	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Turpin, Ken					· · · · · · · · · · · · · · · · · · ·
Full Name (Last name first,	if individual)				
500 Union Streeet, Ste. 420, S					
500 Union Street, Ste. 420, S Business or Residence Addr		Street, City, State, Zip Co	ode)		
Business or Residence Addr	ress (Number and S				
Business or Residence Addr		Street, City, State, Zip Co	Executive Officer	□ Director	General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: McKay, Terry	ress (Number and S			⊠ Director	General and/or Managing Partner
	ress (Number and S			Director	
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se	Promoter if individual) eattle, WA 98101	Beneficial Owner	Executive Officer	⊠ Director	
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first,	Promoter if individual) eattle, WA 98101	Beneficial Owner	Executive Officer	Director	
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se Business or Residence Addr	Promoter if individual) eattle, WA 98101 ress (Number and 9	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se	Promoter if individual) eattle, WA 98101	Beneficial Owner	Executive Officer		
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se Business or Residence Addr Check Box(es) that Apply:	Promoter if individual) eattle, WA 98101 ress (Number and S	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se Business or Residence Addr	Promoter if individual) eattle, WA 98101 ress (Number and S	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner
Business or Residence Addr Check Box(es) that Apply McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Sc Business or Residence Addr Check Box(es) that Apply: Full Name (Last name first,	Promoter if individual) eattle, WA 98101 ress (Number and 3	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se Business or Residence Addr Check Box(es) that Apply:	Promoter if individual) eattle, WA 98101 ress (Number and 3	Beneficial Owner Street, City, State, Zip Co	Executive Officer		Managing Partner
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se Business or Residence Addr Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr	Promoter if individual) eattle, WA 98101 ress (Number and services) Promoter if individual)	Beneficial Owner Street, City, State, Zip Co Beneficial Owner	Executive Officer Decide) Executive Officer Decide)	Director	Managing Partner General and/or Managing Partner
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Sc Business or Residence Addr Check Box(es) that Apply: Full Name (Last name first,	Promoter if individual) eattle, WA 98101 ress (Number and 3	Beneficial Owner Street, City, State, Zip Co	Executive Officer	Director	Managing Partner
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se Business or Residence Addr Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr Check Box(es) that Apply:	Promoter Promoter if individual) eattle, WA 98101 ress (Number and 300 Promoter if individual) ress (Number and 300 Promoter	Beneficial Owner Street, City, State, Zip Co Beneficial Owner	Executive Officer Decide) Executive Officer Decide)	Director	Managing Partner General and/or Managing Partner General and/or
Business or Residence Addr Check Box(es) that Apply: McKay, Terry Full Name (Last name first, 500 Union Street, Ste. 420, Se Business or Residence Addr Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr	Promoter Promoter if individual) eattle, WA 98101 ress (Number and 300 Promoter if individual) ress (Number and 300 Promoter	Beneficial Owner Street, City, State, Zip Co Beneficial Owner	Executive Officer Decide) Executive Officer Decide)	Director	Managing Partner General and/or Managing Partner General and/or

					B. INF	ORMATIC	ON ABOU	T OFFER	ING				
1.	Has the	issuer sole	d, or does the	he issuer in	itend to se	ll, to non-	accredited	investors	in this offe	ring?		Yes	No
			,				Column 2			_			
2.	What is	the minim	um investn	nent that w	ill be acce	pted from	any indivi	dual?				\$ 7,500	.00
_												Yes	No
3.			permit joint									\boxtimes	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an 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.												
Ful	l Name (l	Last name	first, if indi	vidual)									
	applicable		4.4.4 (N)		Ctt C'	. C							
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ly, State, Z	ip Code)						
Naı	me of Ass	sociated Br	oker or Dea	aler					*****				
Sta	ites in Wh	nich Person	Listed Has	Solicited (or Intends	to Solicit	Purchasers						
510			" or check i									. 🗀 Ali	States
	AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	ПП	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	ll Name (Last name	first, if indi	vidual)			· · · · · · · · · · · · · · · · · · ·	- <u>Lun</u>	···.				 .
Ė	ciness or	Residence	Address (N	Jumber and	Street C	ity State	Zin Code)	<u> </u>					
Du	3111033 01	residence	Addiess (1	tumber und	i Street, C.	ity, State, i	enp coue)						
Na	me of As	sociated Bi	oker or De	aler									
Sta	ites in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers		-,				
	(Check	"All States	s" or check	individual	States)		,					Al	l States
	AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	ΚΥ	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	Il Name (Last name	first, if ind	ividual)									
		D: 4	A d d	T	1 Channel C	thi Ctata	7:= C- do)						
Вu	siness or	Residence	Address (N	number and	i Street, C	ity, State,	Zip Code)						
Na	me of As	sociated B	roker or De	aler	1.00		***		•		,		 .
Sta	ates in WI	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
54			s" or check									☐ AI	1 States
	AL	AK	AZ	AR	CA	СО	СТ	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	ОН	ОК	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 the 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.			
	Type of Security	Aggregate Offering Price	An	nount Already Sold
		_		
	Debt		\$	
	Equity	1,080,000.00	\$	1,080,000.00
	Common Preferred			1
	Convertible Securities (including warrants)		\$	
	Partnership Interests		\$	
	Other (Specify)		\$	
	Total\$	1,080,000.00	\$	1,080,000.00
	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	Ι	Aggregate Dollar Amount
1		Investors		of Purchases
	Accredited Investors	24	\$	1,080,000.00
	Non-accredited Investors		\$_	
	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, 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	I	Oollar 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 insurer. 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		\$	2,000.00
	Legal Fees	_		60,000.00
	Accounting Fees			25,000.00
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		s	
	Other Expenses (identify)		<u> </u>	
	Total			87,000.00

SEC

	and total expenses furnished in response to Part C-	ering price given in response to Part C—Question 1—Question 4.a. This difference is the "adjusted gros	s		\$	993,000.00
i.	Indicate below the amount of the adjusted gross per each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Particle 1.	ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gros.	i			
				Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees		S \$	130,000.00	⊠ \$	53,000.00
	Purchase of real estate					
	Purchase, rental or leasing and installation of ma	achinery	□ \$			
	Construction or leasing of plant buildings and f	acilities				
	Acquisition of other businesses (including the viorifering that may be used in exchange for the as issuer pursuant to a merger)		Пs		□s	
	Working capital		\boxtimes s	600,000.00	⊠ s	210,000.00
	Other (specify):		<u></u> \$		s	
			□s		<u></u> \$	
	Column Totals		⊠s	730,000.00	⊠ \$	263,000.00
	Total Payments Listed (column totals added)			⊠ \$	993,0	00.00
		D. FEDERAL SIGNATURE				
sig	the issuer has duly caused this notice to be signed by to gnature constitutes an undertaking by the issuer to f the information furnished by the issuer to any non-ac-	furnish to the U.S. Securities and Exchange Comm	issio	ı, upon writte		
V]	suer (Print or Type) SUALANT INCORPORATED (f/k/a Starberrys propration)	Signature Unald Man	Date Sept	tember 13, 2005		
Na	ame of Signer (Print or Type)	Title of Signer (Print or Type)				
		i e				

- ATTENTION -

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

i Pojaje		E, STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 pres provisions of such rule?	ently subject to any of the disqualification	Yes	No
	See App	pendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furn D (17 CFR 239.500) at such times as required	nish to any state administrator of any state in which this notice is fill by state law.	ed a no	tice on Form
3.	The undersigned issuer hereby undertakes to foissuer to offerees.	urnish to the state administrators, upon written request, informati	on furn	ished by the
4.		er is familiar with the conditions that must be satisfied to be entitle in which this notice is filed and understands that the issuer clairing that these conditions have been satisfied.		
	er has read this notification and knows the content horized person.	ts to be true and has duly caused this notice to be signed on its behal	f by the	undersigned
	ANT INCORPORATED (f/k/a Starberrys	Signature Date September 13, 2005		
Name (I	Print or Type)	Title (Print or Type)		

Chairman

Instruction:

Ronald P. Erickson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					ENDIX						
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA		×	\$1,080,000 common stock	3	\$100,000.00	0	\$0.00		X		
СО											
СТ											
DE											
DC											
FL											
GA											
HI											
ID											
IL		×	\$1,080,000 common stock	1	\$10,000.00	0	\$0.00		X		
IN							·				
IA											
KS											
KY											
LA											
ME											
MD		X	\$1,080,000 common stock	1	\$10,000.00	0	\$0.00		X		
MA											
MI											
MN											
MS											

APPENDIX 2 1 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited No State Yes Investors Investors Amount Amount Yes No MO MTNE NVNH NJ NMNY NC ND ОН OK OR PA RI SCSDTNTXUT VT VA $W \\ A$ WV

WI

APPENDIX 1 2 4 3 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Investors Investors Yes Yes No Amount Amount No WYPR