Phone: (503) 986-2200
Fax: (503) 378-4381

Assumed Business Name—New Registration

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED
JAN 26 2007
OREGON SECRETARY OF STATE

REGISTRY NUMBER: 409340-93
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **ASSUMED BUSINESS NAME** (To be registered)

MOVING PICTURES

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration, however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2) **DESCRIPTION OF BUSINESS** (Primary business activity)

Film and Television Production

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)

710 SE PELTON PLACE
BEND OR 97702

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)

CHRISTIAN R. KAS

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**

710 SE PELTON PLACE
BEND OR 97702

6) **REGISTRANT'S/OWNER PUBLICLY AVAILABLE ADDRESS** (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

NAME	STREET ADDRESS	CITY/STATE/ZIP
CHRISTIAN R. KAS	710 SE PELTON PLACE	BEND, OR 97702

7) **COUNTIES**

☑ **ALL COUNTIES** (Statewide)

☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
☐ Clackamas	☐ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
☐ Clatsop	☐ Douglas	☐ Jefferson	☐ Linn	☐ Sherman	☐ Washington
☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

8) **SIGNATURES** (All registrants/owners must sign.)

Christian R. Kas

9) **CONTACT NAME** (To resolve questions with this filing.)

Chris Kas

DAYTIME PHONE NUMBER (Include area code.)

541-306-7093

FEES

Required Processing Fee $50
Confirmation Copy (Optional) $5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

1-26-07 AB