

Payment Receipt



ITEM	REFERENCE NUMBER	PRICE
Annual Filing Fee for 92542D2	92542D2	\$2.50
Archive Fee for 92542D2	92542D2	\$1.00
TOTAL		\$3.50

Payment Information

Contact Name MICHELLE MORIHARA
Phone Number 808-255-5604
Email Address mmorihara@gmail.com
Card Type MasterCard
Account Number (last 4) 0634
Expiration Date **/**
Name on Card MICHELLE MORIHARA
Billing Address PO BOX 11899
 HONOLULU, HI 96828
 United States

Final Steps

Please print this receipt for your records and click Continue below to complete the transaction.

Reference Id 8AY-5ZF-6KK-1YC
Authorization Code 17598510
Transaction Date/Time 23 Sep 2015 18:03 HST

Department of Commerce & Consumer Affairs
 Business Registration Division
 P. O. Box 40
 Honolulu, Hawaii 96810

PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE PAID
 HONOLULU, HI
 PERMIT NO. 687

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FILE NO: 92542d2
 ASSOCIATION OF FUNDRAISING PROFESSIONALS, ALOHA CHAPT
 PO BOX 11899
 HONOLULU HI 96828-0899

✓ 9/23/15

File Online at www.ehawaii.gov/annuals or call 808-586-2727.