Deloitte.

Remittance address:
Deloitte & Touche LLP
361 S. Marine Corps Drive
Tamuning, Guam 96913-3911
USA

Tel: +1 671 646 3884
Fax: +1 671 649 4932

Taxpayer I.D. No. 98-0047535

Invoice number: IN00003004

Date: 06/22/2010

JOB NO. : 020000 X01 3013

MICRONESIAN CENTER FOR A SUITAINABLE FUTURE INC.

ATTN: MR. THOMAS KEELER
247 MARTYR STREET SUITE 101
HAGATNA, GU 96910

Description	Amount
PROFESSIONAL SERVICE RENDERED IN CONNECTION WITH THE GUAM AND IRS APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501 (c)(3) OF THE INTERNAL REVENUE CODE (FORM 1023), AND BUSINESS PRIVILEGE TAX EXEMPTION APPLICATION (FORM FCN 2-2-110).	$1,500.00
PROFESSIONAL SERVICE RENDERED IN CONNECTION WITH THE EMPLOYER IDENTIFICATION NUMBER (FORM SS-4).	$200.00
PROFESSIONAL SERVICE RENDERED IN CONNECTION WITH OBTAINING A BUSINESS LICENSE.	$300.00
OUT OF POCKET EXPENSE: BUSINESS LICENSE FEE	$25.00

BILL AMOUNT	:	$2,025.00
GRT EQUIVALENT TOTAL	:	83.34
AMOUNT DUE	:	$2,108.34

Amounts due may be remitted by Electronic Funds.

To: First Hawaiian Bank, Maite, Guam Branch
ABA#121301015
Account: Deloitte & Touche LLP
Acc#03-051617
By order of: INVOICE NO. IS NECESSARY FOR PROMPT APPLICATION OF PAYMENTS

May include fees and expenses from affiliated and related entities.

INTEREST IS ASSESSED AT A RATE OF 1.5% PER MONTH (APR 18.00%) ON ALL BALANCES OVER 30 DAYS OLD.

PLEASE RETURN THIS COPY WITH PAYMENT

A99- 109887

FORM OFFICIAL RECEIPT

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT DIVISION
P.O. BOX 884 HAGATNA GUAM 96932

PAID
MAR 10 2011
TREASURER OF GUAM
#8

DATE: 3/10/11

PAYOR: Micronesian Center for Sustainable Future, Inc.

ADDRESS: 247 Martyr St. Ste. 101
Hagatna, GU. 96910

NOT VALID UNLESS OVERPRINTED BY OUR REGISTER/STAMP

PAYMENT INFORMATION

DESCRIPTION	RESERVED FOR ISSUING OFFICE:		
	ACCOUNT NUMBER	AMOUNT	
TAX EXEMPT. APPLICATION	31005G912	850	00
	PLEASE PAY TREASURER OF GUAM TOTAL DUE	$ 850	00

ISSUING OFFICE: BPTB

AGENT: BP40

☐ CASH ☑ CHECK: # 1908 OTHER: _____

FCN-2-2-35

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Internal Revenue Service
P.O. Box 12192
Covington, KY 41012-0192

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☑ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
Internal Revenue Service

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 18 2011
Received

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandis
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7009 2820 0001 7017 6864

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

Form 1023 Checklist

(Revised June 2006)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

IRS

Note. *Retain a copy of the completed Form 1023 in your permanent records. Refer to the* General Instructions *regarding Public Inspection of approved applications.*

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

[X] Assemble the application and materials in this order:

- Form 1023 Checklist
- Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
- Form 8821, *Tax Information Authorization* (if filing)
- Expedite request (if requesting)
- Application (Form 1023 and Schedules A through H, as required)
- Articles of organization
- Amendments to articles of organization in chronological order
- Bylaws or other rules of operation and amendments
- Documentation of nondiscriminatory policy for schools, as required by Schedule B
- Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation (if filing)
- All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.

[X] User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.

[X] Employer Identification Number (EIN)

[X] Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.

- You must provide specific details about your past, present, and planned activities.
- Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
- Describe your purposes and proposed activities in specific easily understood terms.
- Financial information should correspond with proposed activities.

[X] Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.

Schedule A	Yes ___	No X	Schedule E	Yes ___	No X
Schedule B	Yes ___	No X	Schedule F	Yes ___	No X
Schedule C	Yes ___	No X	Schedule G	Yes ___	No X
Schedule D	Yes ___	No X	Schedule H	Yes ___	No X

VIA CERTIFIED MAIL
3/10/11

7009 2820 0001 7017 6864

DELOITTE & TOUCHE LLP
361 South Marine Drive
Tamuning, Guam 96913-3911