Department of the Treasury
Internal Revenue Service

OMB No. 1545-1683

Part I General Information

1. Name of organization: Friends for Fasi

Employer identification number: 99 0169636

2. Mailing address (P.O. Box or number, street, and room or suite number): 401 Waiakamilo Road Ste 201

City or town, state, and ZIP code: Hon HI 96817

3. E-mail address of organization:

4a Name of custodian of records: Frank F. Fasi

4b Custodian's address: 401 Waiakamilo Rd #201, Hon HI 96817

5a Name of contact person: Frank F. Fasi

5b Contact person's address: same as above

6. Business address of organization (if different from mailing address shown above). Number, street, and room or suite number:

City or town, state, and ZIP code:

Part II Purpose

7. Describe the purpose of the organization:

Political

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
None		

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For Paperwork Reduction Act Notice, see page 4.

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Form 8871 (7-2000)

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9a Name	9b Title	9c Address

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 12[illegible] [illegible]nal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my kno[illegible] [illegible]el, it is true, correct, and complete.

Sign Here

Signature of authorized official

8/8/00
Date