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MISSOURI ASSOCIATION OF NURSE ANESTHETISTS INC 205 E CAPITOL AVE STE 100 JEFFERSON CITY MO 65101

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

| fulle | 8/6/10 |
|---------------------------------|--------|
| Signature of officer or trustee | Date |
| Treasurer | _ |
| Title | |