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Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



MN SOCIETY FOR RESPIRATORY CARE
490 CONCORDIA AVE
ST PAUL MN 55103

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.

Patricia D Johnson
Signature of officer or trustee

8-17-2010
Date

MSRC Treasurer
Title