



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EVANS COUNTY HEALTH COLLABORATIVE  
INC  
PO BOX 32  
BELLVILLE GA 30414

DECLARATION

4339

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.

Emily W Groover  
Signature of officer or trustee

10/19/10  
Date

CFO  
Title