



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



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ASSN OF STATE & TERRITORIAL PUBLIC
HEALTH NUTRITION DIRECTORS
PO BOX 1001
JOHNSTOWN PA 15907



DECLARATION

010641

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.

Cynthia A. Attakumteng
Signature of officer or trustee

2/11/13
Date

Director of Operations
Title