



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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July 03, 2012 LTR 2695C 0 R

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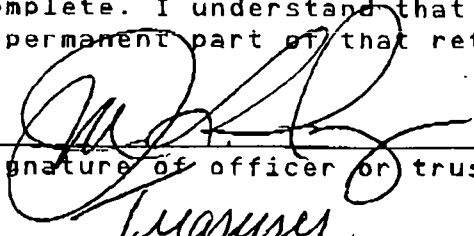
RICE MED CENTER EMPLOYEE VOLUNTEER
FOR HOSPITAL IMPROVEMENT
PO BOX 277
EAGLE LAKE TX 77434



DECLARATION

329151

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.



Signature of officer or trustee7/5/12

DateTreasurer

Title