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TALMUDICAL INSTITUTE OF UPSTATE NEW YORK 769 PARK AVE ROCHESTER NY 14607



039332

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.

Palme		1/5/2014
_	officer or trustee	Date
<u>U</u> √e.c.	V. P.	