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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NATIONAL ASSOCIATION OF ACTIVITY
PROFESSIONALS
PO BOX 3216
SHAWNEE MISSION KS 66203

016333

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.

Gail Buckner Rowe
Signature of officer or trustee

9-9-2013
Date

Executive Director
Title