



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



0425878018
May 07, 2014 LTR 2697C 0 R
26-3765941 201312 44
Input Op: 0425878018 00031332

HOMEOPATHIC NURSES ASSOCIATION
6286 NE LINCOLN RD E
POULSBO WA 98370



018186

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.

[Handwritten Signature]

Signature of Officer or Trustee

5/22/24
Date

[Handwritten Signature]

Title