



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



Check if the organization used Schedule O to respond to any question in this Part II ☐

0425867059
July 15, 2016 LTR 2695C 0 R
46-0379893 201512 67
Input Op: 0425867059 00031742

SOUTH DAKOTA ACADEMY OF PHYSICIAN
ASSISTANTS
PO BOX 46
FORT PIERRE SD 57532



DECLARATION

035814

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 trustee

8/15/16

Date

Past President

Title