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NURSE FAMILY PARTNERSHIP 1900 GRANT STREET SUITE 400 DENVER CO 80203



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## 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.

Signature of authorized individual

Chief Fingscord OFFICENT