OEMR 25 East Center St Rutland, VT 05701 Telephone: (802) 558-9770

Facsimile: (802) 770-5175

Internal Revenue Service
Exempt Organizations
550 Main Street
Cincinnati, OH 45201
ATT: John McGee, Room 4511, Group 7827

Fax: (855)202-6945

April 21, 2016

Via Fax Transmittal

Re: OEMR, EIN: 27-3043066

Dear Mr. McGee:

Enclosed please find our response to your Information Request, dated March 28, 2016, regarding Form 1023, dated February 2, 2016, that we had submitted for Reinstatement, subsequent to an Automatic Revocation of our tax-exempt status.

I have enclosed revised Parts IX, X, and XI of the 1023, a copy of the GNU General Public License, a copy of the OEMR trademark registration, Profit & Loss statements, and a check for the balance of the user fee.

Should you have any questions, I can be reached at the telephone number in the letterhead.

Thank you for your assistance.

Sincerely

Stephen Waite Treasurer, OEMR

SW/wsf

Encl: Response to Information Request, 1 page double-sided

Profit and Loss Statements 2011-2015, 6 pages double-sided

GNU General Public License, 6 pages double-sided

OEMR trademark registration, 1 page

Revised 1023, Parts IX, X & XI, 2 pages double-sided

Cashier's check for \$450 for underpaid user fee, 1 page copy faxed, check mailed

nb: Please see reverse side of pages for paperwork reduction

RESPONSE TO INFORMATION REQUEST

Question 2

OpenEMR is an electronic medical record which permits a physician to schedule patient appointments, remind patients of their appointments, record the history and physical examination of each patient visit, record and transmit orders for pharmaceutical drugs and diagnostic studies, bill responsible parties for services rendered, record the remittances and comply with the Meaningful Use Criteria. These criteria are guidelines set by the Department of Health and Human Services for electronic medical record software.

OpenEMR essentially allows physicians to run their medical office or medical clinic and to be in compliance with federal guidelines.

OpenEMR is free to the public and can be obtained as a download over the Internet. No fees are charged for the download and it can be used with any operating software such as Windows, Mac or Linux. This software is distributed under the GNU General Public License, a copy of which has been enclosed.

Question 3

The OEMR organization supports the OpenEMR software, provides the service for its certification testing, such as the Meaningful Use certification and sponsors development work to improve the OpenEMR software. These services offered by the OEMR organization are provided at no cost to the public.

All members of OEMR participate in these activities which are conducted online. Members would spend portions of hours or hours weekly engaging in these activities. Because members donate their time to OEMR, these activities are a small percentage of their day. It is very difficult to quantify the exact amount time donated because it varies from member to member. Monetary resources are expended in the Meaningful Use certification or software development toward that end.

Question 4

The OpenEMR software is distributed solely as a download over the Internet. There is no selection mechanism to determine recipients. Just as there is no selection process, likewise there does not exist a process to monitor intended use. Board members or their family members are not involved in a selection process because it does not exist.

Question 5

Any organization has the ability to download OpenEMR software. There is no selection process nor monitoring process for intended use.

1 OEMR 27-3043066

Question 6

OEMR is the owner of the OpenEMR logo, which has been registered with the U.S. Patent and Trademark Office, under number 4297864, with the serial number 85667315. OEMR has not yet charged for the use of this trademark. This logo is used on the login page when starting the software. Since the registration of the trademark, no time nor resource has been expended on this activity.

Question 7

Itemized expenses from 2011 to 2015 can be found in the enclosed Profit and Loss statements.

Question 8

Cashier's check for \$450, underpaid user fee, has been mailed and a copy is enclosed.

Question 9

OEMR had been granted 170(B)(1)(a)(vi) status as a public charity on November 18, 2010 as stated in the Determination Letter, DLN: 17053236367030. We wish to continue with this status. Greg Neuman, who had submitted Form 1023, should have checked Box 5g in Part X instead of Box 1 to 4. OEMR receives donations from the public, not from a small group of individuals, therefore it is not a private foundation.

We are requesting a Definitive Ruling. The total revenue from 2012 to 2015 is \$59,667. 2% of that amount is \$1,193. Listed below are contributors who have exceeded that limit.

2012	Contributor #0	\$2,000.00
2013	Contributor #1	\$2,000.00
2014	Contributor #2	\$5,000.00
2014	Contributor #1	\$2,000.00
2015	Contributor #3	\$2,210.00

Table 1: List of Contributors who gave more than \$1,193

Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete.

Signature of Stephen Waite, Treasurer of OEMR

Date

Page 9

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

			A. Statement of	f Revenues and	Expenses		
		Type of revenue or expense	Current tax year	3 prior tax	years or 2 succeeding	g tax years	
			(a) From U1/U1/15 To 12/31/15	(b) From U1/U1/14 To 12/31/14	(c) From U1/U1/13 To 12/31/13	(d) From 01/01/12 To 12/31/12	(e) Provide Total for (a) through (d)
	1	Gifts, grants, and contributions received (do not include unusual grants)	12367	25,990	12,715	8595	59,667
	2	Membership fees received					
	3	Gross investment income					
	4	Net unrelated business income					
	5	Taxes levied for your benefit		` .			·
Revenues	6	Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	,	,			
Rev	7	Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)					
Ī	8	Total of lines 1 through 7	12367	25,990	12,715	8,595	59,667
	9	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
	10	Total of lines 8 and 9	12367	25,990	12,715	8,595	59,667
	11	Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	12	Unusual grants		ļ			
	13	Total Revenue Add lines 10 through 12	12367	25,990	12,715	8,595	59,667
	14	Fundraising expenses			 		
	15	Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	16	Disbursements to or for the benefit of members (attach an itemized list)					
ses	17	Compensation of officers, directors, and trustees					
Expenses	18	Other salaries and wages					
Εxp	19	Interest expense					
	20	Occupancy (rent, utilities, etc.)				_	Property of the Control of the Contr
	21	Depreciation and depletion					
	23	Professional fees Any expense not otherwise classified, such as program services (attach itemized list)	15,75	5 13,05	3 10,010	3,069	
	24		15,75	5 13,05	3 10,010		1023 (Rev. 12-2013

Cash	Pa	rt IX Financial Data (Continued)			
1 Cash		B. Balance Sheet (for your most recently completed tax year)			
2 Accounts receivable, net 1 3 Inventories . 3 4 Bonds and notes receivable (attach an itemized list) . 5 5 Corporate stocks (attach an itemized list) . 6 6 Loans receivable (attach an itemized list) . 6 6 Loans receivable (attach an itemized list) . 6 6 Loans receivable (attach an itemized list) . 6 7 Other investments (attach an itemized list) . 7 8 Depreciable and depletable assets (attach an itemized list) . 8 8 Jepreciable and depletable assets (attach an itemized list) . 8 8 Jepreciable and depletable assets (attach an itemized list) . 10 10 Other assets (attach an itemized list) . 10 11 Total Assets (add lines 1 through 10) . 11 11 Total Assets (add lines 1 through 10) . 11 12 Accounts payable . 12 13 Contributions, gifts, grants, etc. payable . 13 14 Mortgages and notes payable (attach an itemized list) . 15 15 Total Labilities (add lines 12 through 15) . 16 16 Total Labilities (add lines 12 through 15) . 16 17 Total fund balances or net assets . 17 18 Labilities (add lines 15 through 15) . 16 18 Total Labilities (add lines 15 through 15) . 16 19 Have there been any substantial changes in your assets or liabilities since the end of the period shown above? It "res," explain. Part X is designed to classify you as an organization that is either a private foundation or a public charrly. Public charity status is a more favorable tax status than private foundation. (See instructions.) 1a Are you a private foundation? If "Yes," go to line 1b. If "No." go to line 5 and proceed as instructed.				(Whole	,
Sends and notes receivable (attach an itemized list)		Cash			23,882
A Bonds and notes receivable (attach an itemized list)		Accounts receivable, net	_		
5 Corporate stocks (attach an itemized list)		Pende and notes receivable (attack as the visual list)			
6 Loans receivable (attach an itemized list) 7 Chter investments (attach an itemized list) 7 7 Chter investments (attach an itemized list) 7 7 Chter investments (attach an itemized list) 7 7 Chter investments (attach an itemized list) 9 9 10 Chter assets (attach an itemized list) 10 10 11 Total Assets (add lines 1 through 10) 11 Total Assets (add lines 1 through 10) 11 Total Assets (add lines 1 through 10) 11 1 Total Assets (add lines 1 through 10) 11 1		Bonds and notes receivable (attach an itemized list)			
7 Other investments (attach an itemized list)		Corporate stocks (attach an itemized list)			
Begreciable and depletable assets (attach an itemized list)		Loans receivable (attach an itemized list)			
9 Land		Other investments (attach an itemized list)	-		
Other assets (attach an itemized list) 11 Total Assets (add lines 1 through 10).					
Total Assets (add lines 1 through 10)			_		
Liabilities 23,88 23,88 24 Accounts payable 12 25 Contributions, gifts, grants, etc. payable 14 26 Contributions, gifts, grants, etc. payable 14 27 Contributions, gifts, grants, etc. payable 15 28 Contributions, gifts, grants, etc. payable 15 29 Contributions, gifts, grants, etc. payable 15 20 Contributions 15 21 Contributions 15 22 Contributions 15 23 Contributions 15 24 Contributions 15 25 Contributions 15 26 Contributions 15 27 Contributions 15 28 Contributions 15 29 Contributions 15 29 Contributions 15 20 Contributions 15 20 Contributions 15 20 Contributions 15 21 Contributions 15 21 Contributions 15 21 Contributions 15 22 Contributions 15 23 Contributions 15 24 Contributions 15 25 Contributions 15 26 Contributions 15 27 Contributions 15 28 Contributions 15 29 Contributions 15 29 Contributions 15 20 Contributions 15 20 Contributions 15 20 Contributions 15 20 Contributions 15 21 Contributions 15 21 Contributions 15 22 Contributions 15 23 Contributions 15 24 Contributions 15 25 Contributions 15 26 Contributions 15 26 Contributions 15 27 Contributions 15 28 Contributions 15 29 Contributions 15 29 Contributions 15 20 Contributions 15 20 Contributions 15 20 Contributions 15 21 Contributions 1		Other assets (attach an itemized list)			
13 Contributions, girfs, grants, etc. payable	11	Liabilities	1		23,882
13 Contributions, girfs, grants, etc. payable	12	Accounts payable	2		
14 Mortgages and notes payable (attach an itemized list) 15 Other liabilities (attach an itemized list) 16 Total Liabilities (add lines 12 through 15) 17 Total fund balances or net assets 17 Total fund balances or net assets 18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) 18 Z3,88 19 Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain. Part X Public Charity Status Part X designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to classify you are an organization that is either a private foundation, Part X is designed to the further determine whether you are a private operating foundation. (See instructions.) 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed.	13		3	-	
15 Other liabilities (attach an Itemized list) 16 Total Liabilities (add lines 12 through 15) 17 Total fund balances or net assets 17 Total fund balances or net assets 18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) 18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) 18 23,88 19 Have there been any substantial changes in your assets or liabilities since the end of the period	14	Mortgages and notes payable (attach an itemized list)	4		
Found Balances or Net Assets 17 Total fund balances or net assets 18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) 18 23,88 19 Have there been any substantial changes in your assets or liabilities since the end of the period	15		5		
Fund Balances or Net Assets 17	16		6		
17 Total fund balances or net assets 18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) 18 23,88 19 Have there been any substantial changes in your assets or liabilities since the end of the period					
18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	17	Total fund balances or net assets	7		
19 Have there been any substantial changes in your assets or liabilities since the end of the period Yes No. No. Part X Public Charity Status	18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	8		23,882
Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a private operating foundation. (See instructions.) 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. Yes No If you are unsure, see the instructions. b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. If "No," continue to line 4. 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private poperating foundation; go to the signature section of counsel, (including a written affidavit or opinion Yes No operating foundation; pot to the signature section of counsel, (including a written affidavit or opinion Yes No operating foundation; or opinion Yes No operating foundation; or opinion Yes No operating foundat	19	Have there been any substantial changes in your assets or liabilities since the end of the period		Yes	☑ No
Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a private operating foundation. (See instructions.) 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed.	Pa				
If you are unsure, see the instructions. As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below You may check only one box. The organization is not a private foundation because it is: 509(a)(1) and 170(b)(1)(A	is a	more favorable tax status than private foundation status. If you are a private foundation, Part X is designed	oubli ed to	ic charity o further	y status
addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation; or (2) a statement des	1a	Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.		Yes	☑ No
directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below You may check only one box. The organization is not a private foundation because it is: a 509(a)(1) and 170(b)(1)(A)(ii)—a church or a convention or association of churches. Complete and attach Schedule A. b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c f g or h	b	addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document.			
operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below You may check only one box. The organization is not a private foundation because it is: a 509(a)(1) and 170(b)(1)(A)(ii)—a church or a convention or association of churches. Complete and attach Schedule A. b 509(a)(1) and 170(b)(1)(A)(iii)—a school. Complete and attach Schedule B. c 509(a)(1) and 170(b)(1)(A)(iiii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c f a or h	2	directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If	<u> </u>	Yes	□ No ·
from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below You may check only one box. The organization is not a private foundation because it is: a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A. b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c. f. g. or h.	3	Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.	□ `	Yes	☐ No
The organization is not a private foundation because it is: a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A. b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c. f. g. or h.	4	from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement		Yes	□ No
 a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A. b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c. f. g. or h. 	5	If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of You may check only one box.	of the	e choice	s below.
organization operated in conjunction with a hospital. Complete and attach Schedule C. d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c. f. g. or h	b	509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Sche 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research			
	d		g, or	h	

n 1	23 (Rev. 12-2013) (00) Name: OEMR		EIN:	27 ₋ 3043066	Page 11
art					
	09(a)(4)—an organization organized and operated e 09(a)(1) and 170(b)(1)(A)(iv)—an organization operat perated by a governmental unit.	exclusively for testing for public safe ed for the benefit of a college or un	ty. iversit	y that is owned or	
	09(a)(1) and 170(b)(1)(A)(vi)—an organization that re f contributions from publicly supported organization	ceives a substantial part of its finanns, from a governmental unit, or fro	cial su m the	upport in the form general public.	
ı ;	09(a)(2)—an organization that normally receives not nvestment income and receives more than one-thi ees, and gross receipts from activities related to its	t more than one-third of its financia ird of its financial support from conf exempt functions (subject to certal	supp ribution n exc	ort from gross ons, membership eptions).	
,	publicly supported organization, but unsure if it is lecide the correct status.	described in 5g or 5h. The organiz	ation \	would like the IRS to	Ц
	you checked box g, h, or i in question 5 above, you electing one of the boxes below. Refer to the instructi	ions to determine which type of ruling	you a	re eligible to receive.	• .
	Request for Advance Ruling: By checking this box he Code you request an advance ruling and agree excise tax under section 4940 of the Code. The tax at the end of the 5-year advance ruling period. The rears to 8 years, 4 months, and 15 days beyond the he extension to a mutually agreed-upon period of the extension of the extend the extension of the extension of the extend the extension of t	to extend the statute of limitations will apply only if you do not establi assessment period will be extended e end of the first year. You have the time or issue(s). Publication 1035, Enation of your rights and the consect charge from the IRS web site at wood deprive you of any appeal rights	sh puld for the right extending quence ww.irs	assessment of blic support status the 5 advance ruling to refuse or limit ng the Tax es of the choices .gov or by calling lich you would	· · · .
	Consent Fixing Period of Limitations Upon Asses	ssment of Tax Under Section 4940	of the	e Internal Revenue C	ode
	For Organization (Signature of Officer, Director, Trustee, or other authorized official)	(Type or print name of signer) (Type or print title or authority of signer)		(Date)	
	For IRS Use Only				
	IRS Director, Exempt Organizations			(Date)	
)	Request for Definitive Ruling: Check this box if you are requesting a definitive ruling. To confirm you in line 5 above. Answer line 6b(ii) if you checked answer both lines 6b(i) and (ii).	our nuniic sunnort status, answel iii	ie obi	I) II YOU CHECKED DOX	
	(i) (a) Enter 2% of line 8, column (e) on Part IX-A.	Statement of Revenues and Expen	ses.	1,193	
	(b) Attach a list showing the name and amount gifts totaled more than the 2% amount. If the	t contributed by each person, comp ne answer is "None," check this box	any, c		
	(ii) (a) For each year amounts are included on line Expenses, attach a list showing the name of answer is "None," check this box.	es 1, 2, and 9 of Part IX-A. Statement of and amount received from each c	nt of F lisqua	inieu personi ii aio	
	(b) For each year amounts are included on line a list showing the name of and amount rec- payments were more than the larger of (1) - Expenses, or (2) \$5,000. If the answer is "N	eived from each payer, other than a 1% of line 10, Part IX-A. Statement	uisqu	iainieu person, whose	
,	Did you receive any unusual grants during any of the Revenues and Expenses? If "Yes," attach a list incommount of the grant, a brief description of the grant.	the years shown on Part IX-A. State	ment the d	of Yes ate and	☑ N

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of gross receipts over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

in th	e k	eyword box, or call Customer Account Services at	1-877-829-5500 for current information.	_		
If "Y	es,"	check the box on line 2 and enclose a user fee payr	ment of \$400 (Subject to change—see above).		Yes	☑ No
Che	ck t	he box if you have enclosed the user fee payment of	\$850 (Subject to change).			V
cation, ISE	ider incl	the penalties of perjury that I am authorized to sign this appuding the accompanying schedules and attachments, and to	dication on behalf of the above organization and that the best of my knowledge it is true, correct, and cor Stephen Waite	I have nplete	•	
	7	(Signature of Officer, Director, Trustee, or other authorized official)	(Type or print name of signer) Treasurer, OEMR (Type or print title or authority of signer)	(Date	9	W
	Have If "Y If "N Chee Chee	Have you If "Yes," If "No," Check to Check to are under cation, includes	Have your annual gross receipts averaged or are they expect If "Yes," check the box on line 2 and enclose a user fee payr If "No," check the box on line 3 and enclose a user fee payr Check the box if you have enclosed the reduced user fee payr Check the box if you have enclosed the user fee payment of are under the penalties of perjury that I am authorized to sign this approach, including the accompanying schedules and attachments, and to also in the penalties of Officer, Director, Trustee, or other	Stephen Waite Signature of Officer, Director, Trustee, or other authorized official) Stephen Waite (Signature of Officer, Director, Trustee, or other authorized official) Treasurer, OEMR	Have your annual gross receipts averaged or are they expected to average not more than \$10,000? If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above). If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). If "No," check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change). If "No," check the box if you have enclosed the user fee payment of \$850 (Subject to change). If "No," check the box on line 3 and enclose a user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). If "No," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Stephen Waite (Signature of Officer, Director, Trustee, or other authorized official) If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change—see above). Check the box if you have enclosed the user fee payment of \$400 (Subject to change—see above).	Have your annual gross receipts averaged or are they expected to average not more than \$10,000? If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above). If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above). Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). If "No," check the box if you have enclosed the user fee payment of \$850 (Subject to change). Stephen Waite O4/2\$/20 Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Stephen Waite O4/2\$/20 Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Stephen Waite O4/2\$/20 Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box if you have enclosed the user fee payment of \$850 (Subject to change). Check the box

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Form 1023 (Rev. 12-2013)

OEMR Profit & Loss For Period Covering 01/01/2011 to 12/31/2011

Revenues

<u>Income</u>	\$0.00
<u>Donations</u>	\$7,297.37
Interest Income	\$0.00
Other Income	\$0.00
Reimbursed Expenses	\$208.46
<u>Sales</u>	\$0.00

Total Revenue \$7,505.83

Expenses		
<u>Expenses</u>	•	\$0.00
<u>Adjustment</u>		\$0.00
<u>Auto</u>	\$0.00	
<u>Fees</u>	\$0.00	
<u>Gas</u>	\$0.00	
<u>Parking</u>	\$0.00	
Repair and Maintenance	\$0.00	
Bank Service Charge	\$	128.00
<u>Books</u>	\$.	525.00
<u>Cash Discounts</u>		\$0.00
<u>Charity</u>		\$0.00
<u>Depreciation</u>		\$0.00
<u>Dining</u>		\$0.00
Dues and Subscriptions		\$0.00
<u>Education</u>	<u>,</u> \$	500.00
Equipment Rental		\$0.00
<u>Insurance</u>	\$0.00	
<u>Disability Insurance</u>	\$0.00	
<u>Liability Insurance</u>	\$0.00	
<u>Workers Comp</u>	\$0.00	
Licenses and Permits		\$0.00
<u>Miscellaneous</u>		\$65.92
Office Supplies	\$	208.46
Outside Services		\$0.00
<u>Paypal fee</u>		\$77.24

<u>Payroll Expenses</u>		\$0.00
Postage and Delivery		\$0.00
Printing and Reproduction		\$0.00
<u>Professional Fees</u>	\$0.00	•
<u>Accounting</u>	\$0.00	•
<u>Legal Fees</u>	\$0.00	
<u>Rent</u>		\$0.00
<u>Repairs</u>	\$0.00	
Building Repairs	\$0.00	
<u>Computer Repairs</u>	\$0.00	
Equipment Repairs	\$0.00	
<u>Janitorial Expenses</u>	\$0.00	
<u>Taxes</u>	\$0.00	
Emp-FICA	\$0.00	
<u>Federal</u>	\$0.00	
<u>FICA</u>	\$0.00	
<u>FUTA</u>	\$0.00	
<u>Local</u>	\$0.00	
<u>Other Tax</u>	\$0.00	
<u>Property</u>	\$0.00	
State/Province	\$0.00	
Travel and Entertainment	\$0.00	
<u>Entertainment</u>	\$0.00	
<u>Meals</u>	\$0.00	
<u>Travel</u>	\$0.00	
<u>Utilities</u>	\$0.00	
<u>Cable</u>	\$0.00	
<u>Cell Phone</u>	\$0.00	
<u>Electric</u>	\$0.00	
Garbage collection	\$0.00	
<u>Gas</u>	\$0.00	
<u>Internet</u>	\$0.00	
<u>Phone</u>	\$0.00	
<u>Water</u>	\$0.00	
tal Francisco		

\$1,504.62

Net income for Period

\$6,001.21

OEMR Profit & Loss For Period Covering 01/01/2012 to 12/31/2012

Revenues

<u>Income</u>	\$0.00
<u>Donations</u>	\$8,594.65
<u>Dues</u>	\$0.00
<u>Interest Income</u>	\$0.00
Other Income	\$0.00
Reimbursed Expenses	\$0.00
<u>Sales</u>	\$0.00

Payment Received \$0.00

Total Revenue \$8,594.65

•			
<u>Expenses</u>		\$0.00	
<u>Adjustment</u>		\$0.00	
<u>Auto</u>	\$0.00		
<u>Fees</u>	\$0.00		
<u>Gas</u>	\$0.00		
<u>Parkina</u>	\$0.00		
Repair and Maintenance	\$0.00		
Bank Service Charge	•	\$32.00	
<u>Books</u>		\$2,950.00	
<u>Cash Discounts</u>		\$0.00	
<u>Charity</u>		\$0.00	
<u>Depreciation</u>		\$0.00	
<u>Dining</u>		\$0.00	
Dues and Subscriptions		\$0.00	
<u>Education</u>		\$0.00	
<u>Equipment Rental</u>		\$0.00	
<u>Insurance</u>	\$0.00		
Disability Insurance	\$0.00		
<u>Liability Insurance</u>	\$0.00		
Workers Comp	\$0.00	·	
<u>Licenses and Permits</u>		\$0.00	
<u>Miscellaneous</u>		\$0.00	
Office Supplies		\$0.00	

Outside Services		\$0.00
<u>Paypal fee</u>		\$86.63
<u>Payroll Expenses</u>		\$0.00
Postage and Delivery		\$0.00
Printing and Reproduction		\$0.00
<u>Professional Fees</u>	\$0.00	
<u>Accounting</u>	\$0.00	
<u>Legal Fees</u>	\$0.00	
<u>Rent</u>	•	\$0.00
<u>Repairs</u>	\$0.00	
<u>Building Repairs</u>	\$0.00	
<u>Computer Repairs</u>	\$0.00	•
Equipment Repairs	\$0.00	
<u>Janitorial Expenses</u>	\$0.00	
<u>Taxes</u>	\$0.00	
Emp-FICA	\$0.00	
<u>Federal</u>	\$0.00	
<u>FICA</u>	\$0.00	
<u>FUTA</u>	\$0.00	
<u>Local</u>	\$0.00	
<u>Other Tax</u>	\$0.00	
<u>Property</u>	\$0.00	
State/Province	\$0.00	
<u>Travel and Entertainment</u>	\$0.00	
<u>Entertainment</u>	\$0.00	•
<u>Meals</u>	\$0.00	
<u>Travel</u>	\$0.00	
<u>Utilities</u>	\$0.00	
<u>Cable</u>	\$0.00	
<u>Cell Phone</u>	\$0.00	
<u>Electric</u>	\$0.00	
Garbage collection	\$0.00	
<u>Gas</u>	\$0.00	
<u>Internet</u>	\$0.00	
<u>Phone</u>	\$0.00	5.
<u>Water</u>	\$0.00	
tal Evanaga		

\$3,068.63

Net income for Period

\$5,526.02

OEMR Profit & Loss For Period Covering 01/01/2013 to 12/31/2013

Revenues

<u>Income</u>	\$0.00
<u>Donations</u>	\$12,715.00
<u>Dues</u>	\$0.00
<u>Interest Income</u>	\$0.00
<u>Other Income</u>	\$0.00
Reimbursed Expenses	\$0.00
<u>Sales</u>	\$0.00

Payment Received \$0.00

Total Revenue \$12,715.00

<u>Expenses</u>		\$0.00
<u>Adjustment</u>		\$0.00
<u>Auto</u>	\$0.00	
<u>Fees</u>	\$0.00	
<u>Gas</u>	\$0.00	
<u>Parking</u>	\$0.00	
Repair and Maintenance	\$0.00	
Bank Service Charge		\$0.00
<u>Books</u>		\$2,500.00
<u>Cash Discounts</u>		\$0.00
<u>Charity</u>	٠	\$0.00
<u>Depreciation</u>		\$0.00
<u>Dining</u>		\$0.00
Dues and Subscriptions		\$0.00
<u>Education</u>		\$0.00
Equipment Rental		\$0.00
<u>Insurance</u>	\$0.00	
Disability Insurance	\$0.00	
<u>Liability Insurance</u>	\$0.00	
Workers Comp	\$0.00	
Licenses and Permits		\$0.00
<u>Miscellaneous</u>		\$201.50
Office Supplies		\$0.00

Outside Services	·	\$0.00
<u>Paypal fee</u>		\$139.73
Payroll Expenses		\$0.00
Postage and Delivery		\$28.52
Printing and Reproduction		\$0.00
<u>Professional Fees</u>	\$140.00	
<u>Accounting</u>	\$0.00	-
<u>CEHRT Testing</u>	\$0.00	
<u>Legal Fees</u>	\$0.00	
<u>Software Develpment</u>	\$7,000.00	
<u>Rent</u>		\$0.00
<u>Repairs</u>	\$0.00	
Building Repairs	\$0.00	
Computer Repairs	\$0.00	•
Equipment Repairs	\$0.00	
<u>Janitorial Expenses</u>	\$0.00	
<u>Taxes</u>	\$0.00	
Emp-FICA	\$0.00	
<u>Federal</u>	\$0.00	
<u>FICA</u>	\$0.00	
<u>FUTA</u>	\$0.00	
<u>Local</u>	\$0.00	
<u>Other Tax</u>	\$0.00	
<u>Property</u>	\$0.00	
State/Province	\$0.00	
Travel and Entertainment	\$0.00	
<u>Entertainment</u>	\$0.00	
<u>Meals</u>	\$0.00	
<u>Travel</u>	\$0.00	
<u>Utilities</u>	\$0.00	
<u>Cable</u>	\$0.00	
<u>Cell Phone</u>	\$0.00	
<u>Electric</u>	\$0.00	
Garbage collection	\$0.00	
<u>Gas</u>	\$0.00	
<u>Internet</u>	\$0.00	
<u>Phone</u>	\$0.00	
<u></u> <u>Water</u>	\$0.00	
- t- L Francisco	-	

\$10,009.75

Net income for Period

\$2,705.25

OEMR Profit & Loss For Period Covering 01/01/2014 to 12/31/2014

Revenues

<u>Income</u>	\$0.00
<u>Donations</u>	\$25,989.76
<u>Dues</u>	\$0.00
<u>Interest Income</u>	\$0.00
Other Income	\$0.00
Reimbursed Expenses	\$0.00
<u>Sales</u>	\$0.00

Payment Received \$0.00

Total Revenue \$25,989.76

<u>Expenses</u>		\$0.00
<u>Adjustment</u>		\$0.00
<u>Auto</u>	\$0.00	•
<u>Fees</u>	\$0.00	
<u>Gas</u>	\$0.00	
<u>Parking</u>	\$0.00	
Repair and Maintenance	\$0.00	
Bank Service Charge		\$25.00
<u>Books</u>		\$0.00
<u>Cash Discounts</u>		\$0.00
<u>Charity</u>		\$0.00
<u>Depreciation</u>		\$0.00
<u>Dining</u>		\$0.00
Dues and Subscriptions		\$0.00
<u>Education</u>		\$0.00
Equipment Rental		\$0.00
<u>Insurance</u>	\$0.00	
Disability Insurance	\$0.00	
<u>Liability Insurance</u>	\$0.00	
<u>Workers Comp</u>	\$0.00	
Licenses and Permits		\$0.00
<u>Miscellaneous</u>		\$0.00
Office Supplies		\$0.00

Outside Services		\$0.00
<u>Paypal fee</u>		\$337.05
<u>Payroll Expenses</u>		\$0.00
Postage and Delivery	•	\$0.00
Printing and Reproduction		\$0.00
<u>Professional Fees</u>	\$0.00	
<u>Accounting</u>	\$0.00	
<u>CEHRT Testing</u>	\$10,215.50	
<u>Legal Fees</u>	\$0.00	
<u>Software Develpment</u>	\$2,475.00	
<u>Rent</u>		\$0.00
<u>Repairs</u>	\$0.00	
Building Repairs	, \$0 . 00	
Computer Repairs	\$0.00	
<u>Equipment Repairs</u>	\$0.00	
<u>Janitorial Expenses</u>	\$0.00	
<u>Taxes</u>	\$0.00	
Emp-FICA	\$0.00	
<u>Federal</u>	\$0.00	
<u>FICA</u>	\$0.00	•
<u>FUTA</u>	\$0.00	
<u>Local</u>	\$0.00	
<u>Other Tax</u>	\$0.00	
<u>Property</u>	\$0.00	
State/Province	\$0.00	
Travel and Entertainment	\$0.00	
<u>Entertainment</u>	\$0.00	
<u>Meals</u> `	\$0.00	
<u>Travel</u>	\$0.00	÷
<u>Utilities</u>	\$0.00	
<u>Cable</u>	\$0.00	
<u>Cell Phone</u>	\$0.00	
<u>Electric</u>	\$0.00	
Garbage collection	\$0.00	
<u>Gas</u>	\$0.00	
<u>Internet</u>	\$0.00	
<u>Phone</u>	\$0.00	
<u>Water</u>	\$0.00	

\$13,052.55

Net income for Period

\$12,937.21

OEMR Profit & Loss For Period Covering 01/01/2015 to 12/31/2015

Revenues

<u>Income</u>	\$0.00
<u>Donations</u>	\$12,367.40
<u>Dues</u>	\$0.00
<u>Interest Income</u>	\$0.00
Other Income	\$0.00
Reimbursed Expenses	\$0.00
<u>Sales</u>	\$0.00

Payment Received \$0.00

Total Revenue \$12,367.40

<u>Expenses</u>		\$0.00
<u>Adjustment</u>		\$0.00
<u>Auto</u>	\$0.00	
<u>Fees</u>	\$0.00	
<u>Gas</u>	\$0.00	
<u>Parking</u>	\$0.00	
Repair and Maintenance	\$0.00	
Bank Service Charge		\$0.00
<u>Books</u>		\$0.00
<u>Cash Discounts</u>		\$0.00
<u>Charity</u>		\$0.00
<u>Depreciation</u>		\$0.00
<u>Dining</u>		\$0.00
<u>Dues and Subscriptions</u>		\$0.00
<u>Education</u>	•	\$0.00
<u>Equipment Rental</u>		\$0.00
<u>Insurance</u>	\$0.00	
<u>Disability Insurance</u>	\$0.00	
<u>Liability Insurance</u>	\$0.00	
Workers Comp	\$0.00	
Licenses and Permits		\$0.00
<u>Miscellaneous</u>		\$0.00
Office Supplies		\$0.00

Outside Services		\$0.00
<u>Paypal fee</u>		\$277.49
<u>Payroll Expenses</u>	·	\$0.00
Postage and Delivery		\$0.00
Printing and Reproduction		\$0.00
Professional Fees	\$0.00	
<u>Accounting</u>	\$0.00	
CEHRT Testing	\$12,627.50	
<u>Conferences</u>	\$1,500.00	
<u>Legal Fees</u>	\$0.00	
Software Develpment	\$1,350.00	
<u>Rent</u>		\$0.00
<u>Repairs</u>	\$0.00	
Building Repairs	\$0.00	
Computer Repairs	\$0.00	
<u>Equipment Repairs</u>	\$0.00	
<u>Janitorial Expenses</u>	\$0.00	
<u>Taxes</u>	\$0.00	
Emp-FICA	\$0.00	
<u>Federal</u>	\$0.00	
<u>FICA</u>	\$0.00	
<u>FUTA</u>	\$0.00	
<u>Local</u>	\$0.00	
Other Tax	\$0.00	
<u>Property</u>	\$0.00	
State/Province	\$0.00	
Travel and Entertainment	\$0.00	
<u>Entertainment</u>	\$0.00	
<u>Meals</u>	\$0.00	
<u>Travel</u>	\$0.00	
<u>Utilities</u>	\$0.00	
<u>Cable</u>	\$0.00	
<u>Cell Phone</u>	\$0.00	
<u>Electric</u>	\$0.00	
Garbage collection	\$0.00	
<u>Gas</u>	\$0.00	
<u>Internet</u>	\$0.00	
<u>Phone</u>	\$0.00	
<u>Water</u>	\$0.00	

\$3,387.59 + 2015 X SW

OEMR 25 East Center St Rutland, VT 05701 Telephone: (802) 558-9770

Facsimile: (802) 770-5175

Internal Revenue Service **Exempt Organizations** 550 Main Street Cincinnati, OH 45201

ATT: John McGee, Room 4511, Group 7827

Fax: (855)202-6945

April 21, 2016

Re: OEMR, EIN: 27-3043066

Dear Mr. McGee:

Enclosed please find a check for the balance of the user fee.

Should you have any questions, I can be reached at the telephone number in the letterhead.

Thank you for your assistance.

Sincerely,

Stephen Waite Treasurer, OEMR

SW/wsf

Encl: Cashier's check for \$450 for underpaid user fee, copy previously mailed

N REVERSE SIDE AND MICRO PRINTING ON BORDER BEFORE CASHING Heritage Family

FEDERAL CREDIT UNION

30 ALEN STREET RUTLAND VT.05701

(802) 775-4930 00.0000343078 68-9131/2116 \$450.00 04/21/16 **海岸港市高端 建建筑的工作的高级的工作的工作。 建模型 标准编码 中部 电影响通通** The state of the s Marian Comment of the The Take PAY** Four Hundred Fifty and 00/100 DOLLARS** 花物是 臨職 **以明显是心脏。这是一种** The second secon HERITAGE FAMILY FEDERAL CREDITION 學術性需要 TO THE UNITED STATES TREASURY ORDER OF 影響和歌 RE: OEMR:27-3043066

#34307B# #21169 1318: 786010900052"

I'm mailing the check,

Attents.

- Steve

•