



Contact Information

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e-Postcard Profile **Select EIN** **Organization Details** **Contact Information** **Confirmation**

Electronic Notice-Form 990-N (e-Postcard)

Organization Address and Principal Officer Information

Organization's legal name:

If your organization conducts business using another name (DBA), enter other name:

* = required field

Organization:

DBA Name
 ?

DBA Name - continued
 ?

ENTER ADDITIONAL DBA NAMES

Country*
 ?

Number and Street (or PO Box)*
 ?

City or Town*
 ?

State*
 ?

Zip Code*
 ?

Organization's website address, if applicable
 ?

Principal Officer:

Type of Name*

Business ▼ ?

Business Name*

California Association of Nurse Practitioners ?

Business Name continued

?

Country*

US - United States ▼ ?

Number and Street (or PO Box)*

?

City or Town*

Sacramento ?

State*

CA - California ▼ ?

Zip Code*

95814 ?

PREVIOUS

CANCEL FILING

SAVE FILING

SUBMIT FILING