

Confirmation

Privacy Policy

Print this page for your records. The Confirmation Number below is proof that you successfully filed your 199N e-Postcard.

We received your 199N e-Postcard on 11/29/2022 6:26:44 PM.

Confirmation Number: 293759433305

Entity ID: 2937594

Entity Name: CALIFORNIA ASSOCIATION FOR

NURSE PRACTITIONERS, NORTH

COAST CHAPTER

Account Period Information

Account Period Beginning: 7/1/2021 Account Period Ending: 6/30/2022

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

Gross Receipts: \$3945

This is not an amended return.

An IRS Form 1023/1024 is not pending.

Entity Information

FEIN: 364622085

Doing Business As: Website Address:

Entity's Mailing Address

1415 L St Ste 1000 3657 F St

Sacramento CA 95814

Principal Officer's Information

Karen Ayers 3657 F St Eureka CA 95503

Contact Information

Name: Karen Ayers
Phone: 707-616-8113

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

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