



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0441671985
Oct 17, 2011 LTR 147C
32-0039662

GRACE AND MERCY HEALTH SERVICES INC
6475 NEW HAMPSHIRE AVE STE C410
HYATTSVILLE MD 20783-3269 992

Taxpayer Identification Number: 32-0039662

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of October 17th, 2011.

Your Employer Identification Number (EIN) is 32-0039662. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. McLain
1000144528
Customer Service Representative

State of Maryland
Department of
Assessments and Taxation

Charter Division



Martin O'Malley
Governor
C. John Sullivan, Jr.
Director
Paul B. Anderson
Administrator

Date: 12/05/2008

MERCY AND GRACE HEALTH SERVICES INC.
7016 MATHIAS ST
GREENBELT MD 20770-3003

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : GRACE AND MERCY HEALTH SERVICES INC.

DEPARTMENT ID : D06670830

TYPE OF REQUEST : ARTICLES OF REVIVAL (STOCK) / NAME CHANGE

DATE FILED : 12-05-2008

TIME FILED : 04:08 PM

RECORDING FEE : \$100.00

EXPEDITED FEE : \$70.00

FILING NUMBER : 1000361997320456

CUSTOMER ID : 0002214343

WORK ORDER NUMBER : 0001657381

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES. EVERY YEAR THIS ENTITY MUST FILE A PERSONAL
PROPERTY RETURN IN ORDER TO MAINTAIN ITS EXISTENCE EVEN IF IT DOES NOT OWN
PERSONAL PROPERTY. A BLANK RETURN WILL BE MAILED BY FEBRUARY OF THE YEAR FOR
WHICH THE RETURN IS DUE.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395
Telephone (410) 767-4950 / Toll free in Maryland (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice. Fax (410) 332 7007

0005563914
CAGCPT

CINCINNATI OH 45999-0046

In reply refer to: 0223337221
May 07, 2007 LTR 147C 0
32-0039662 000000 00 000
00001537
BODC: SB

MERCY & GRACE HEALTH SERVICES INC
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7016 MATHEN ST
GREENBELT MD 20770

09177

Employer Identification Number: 32-0039662

Dear Taxpayer:

We received your request dated Mar. 09, 2007, asking us to update your name and address.

We have updated your account to reflect this change.

If you have any questions, please call Entity Team 303 at 859-669-7109 between the hours of 6:00 a.m. and 4:00 p.m. ET. If the number is outside your local calling area, there will be a long-distance charge to you.

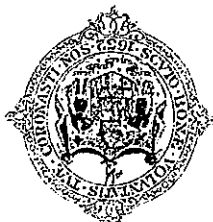
If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____
Hours _____

State of Maryland
Department of
Assessments and Taxation

Charter Division



Robert L. Ehrlich, Jr.
Governor
C. John Sullivan, Jr.
Director
Paul B. Anderson
Administrator

MERCY M.T. FORLU
7016 MATHEW ST
GREENBELT
MD 20770-3003

Date: 09-23-2005

This letter is to confirm acceptance of the following filing:

ENTITY NAME : MERCY AND GRACE HEALTH SERVICES INC.
DEPARTMENT ID : D06670830
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE
DATE FILED : 09-23-2005
TIME FILED : 03:56-PM
RECORDING FEE : \$100.00
EXPEDITED FEE : \$50.00
POSTAGE FEE : \$5.00
FILING NUMBER : 1000361991927629
CUSTOMER ID : 0001673503
WORK ORDER NUMBER : 0001116541

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore metro area (410) 767-1350
Outside metro area (888) 246-5941

0003615125

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395
Toll free in Maryland (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice - Fax (410) 333-7097

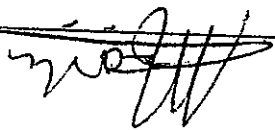
copy
Mercy Forlu
c/o MERCY & GRACE HEALTH
SERVICES Inc.
7016, MATHEW STREET
GREENBELT MD 20770.

CHANGE OF BUSINESS NAME & ADDRESS.

This is my EIN # 32-0039662.
This is my old business name :
This is my new business name :
Please DBA name to new one.
This is my old business address :
This is my new business address :
Please DBA address to new one.
Please send letter 147C as an attachment that the change has been made.

Thank you very much.

Sole Proprietor sign



Date

03/09/07.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999

DATE OF THIS NOTICE: 11-08-2002
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 32-0039662
FORM: SS-4
0232504896 0

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 32-0039662. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-2