Dear Applicant:

Thank you for submitting the information shown on the enclosure. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Thank you for your cooperation.

Sincerely yours,

[Signature]

Nelson A. Brooke
District Director
TENNESSEE MEDICAL FOUNDATION

Item Changed

From

By-Laws Articles II, IV, V, & VI

To Articles II, IV, V, & VI

Activity - To add an impaired physicians who are chemical or alcohol dependency, or mental or emotional illness the opportunity to be voluntarily rehabilitated and to returned to safe and productive medical practice. To educate and assist the general public to report the impaired physician.