



Department of the Treasury
Internal Revenue Service
KANSAS CITY, MO 64999

Date of this notice:
Taxpayer Identifying Number
Form:

FEB. 13, 1995
39-1664109
Tax Period:



MILWAUKEE HEALTH SERVICES INC
C-O SHEIK A BACCHUS
2770 N 5TH ST
MILWAUKEE WI 53212-2354706

Entered in PCG

For assistance you may
call us at:

414-271-3780 LOCAL MILWA.
1-800-829-1040 OTHER WI

WE CHANGED YOUR NAME AND/OR ADDRESS

THANK YOU FOR YOUR CORRESPONDENCE. AS YOU REQUESTED, WE'VE MADE THE FOLLOWING
CHANGES TO YOUR NAME AND/OR ADDRESS:

NAME AND ADDRESS PREVIOUSLY
SHOWN ON YOUR ACCOUNT

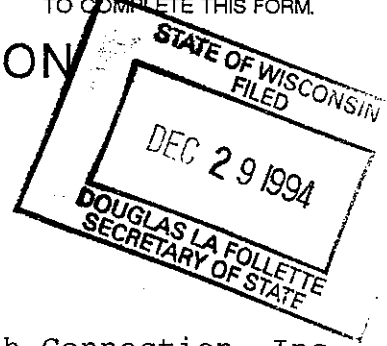
NAME AND ADDRESS NOW
SHOWN ON YOUR ACCOUNT

ISAAC COGGS HEALTH CONNECTION
INCORPORATED
C-O SHEIK A BACCHUS
% SHIRLEY SHARP
2770 N 5TH ST
MILWAUKEE WI 53212-2354706

MILWAUKEE HEALTH SERVICES INC
C-O SHEIK A BACCHUS
2770 N 5TH ST
MILWAUKEE WI 53212-2354706

IF YOU DON'T AGREE WITH THIS CHANGE, PLEASE LET US KNOW.

NONSTOCK (NONPROFIT) CORPORATION AMENDMENT



State the article number to be amended and the amendment language below:

Resolved:

ARTICLE I

Change name of organization from Isaac Coggs Health Connection, Inc.
Milwaukee Health Services, Inc.

Indicate the method of adoption by checking the appropriate box below.

☒

The foregoing amendment of the articles of incorporation was adopted by the members having voting rights on November 15, 1994 by the following vote:

Number of members
having voting rights

10

Number present in
person or by proxy

9

Number voting
FOR AGAINST

8 1
(abstention)

OR

☐

The foregoing amendment of the articles of incorporation was adopted on , 19 by written consent signed by all of the members having voting rights.

OR

☐

The corporation has **NO MEMBERS HAVING VOTING RIGHTS**, and that the foregoing amendment of the articles of incorporation was adopted at a meeting of the board of directors on , 19 by a majority affirmative vote (or greater, as may be required by the articles of incorporation) of the directors in office.

The present corporate name (prior to any change effected by this amendment) is:

Isaac Coggs Health Connection, Inc.

and the principal office is in Milwaukee County, Wisconsin.

Executed in duplicate and seal (if any) affixed this 20th day of December, 1994.

BY:

Phil Anderson
as Secretary or Asst. Secretary

AFFIX SEAL
or state that
there is none

BY:

Shirley Sharp
as President or Vice-President

This document was drafted by Sheik A. Bacchus

(Please print or type the name of the individual)

FILING FEE - \$25.00, PLUS RECORDING FEE
SEE FEES AND INSTRUCTIONS ON THE REVERSE SIDE

Printed on Recycled Paper

NONSTOCK (NONPROFIT) CORPORATION AMENDMENT

Mail Returned Copy to:

(FILL IN THE NAME AND ADDRESS HERE)

Sheik A. Bacchus
Milwaukee Health Services, Inc.
2770 N. 5th Street
Milwaukee, Wisconsin 53212

If a problem exists, your daytime phone number is: (414) 265-7608

INSTRUCTIONS

1. State the Resolution by including the Original (or new) Article Number, which Article is to be amended, and the new or added language to that particular article. If the amendment includes a change of corporation name, the new corporate name must include the word "incorporated", "corporation", "limited" or an abbreviation of one of such words.

2. Enter the requisite information in ONE OF THE FOLLOWING THREE items:

If amendment is adopted by written consent, the consent is to be signed by all of the members having voting rights. OR If the corporation has NO MEMBERS WITH VOTING RIGHTS, amendment may be adopted by majority affirmative vote of the board of directors, unless the articles of incorporation require a larger vote. OR If amendment is adopted at a meeting of the members, it must receive a 2/3 affirmative vote of the members present or represented by proxy, unless the articles of incorporation or bylaws make other specifications.

VOTING RIGHTS DEFINED: The right of the members, or any class or classes of members, to vote may be limited, enlarged or denied to the extent specified in the articles of incorporation or in the bylaws if the articles so provide. Unless so limited, enlarged or denied, each member, regardless of class, shall be entitled to one vote on each matter submitted to a vote of the members. Ref. sec. 181.16 Wis. Stats.

3. Affix CORPORATE SEAL to each copy of the document, or enter the remark "NO SEAL" if the corporation does not have a seal. The PRESIDENT (or vice-president) and SECRETARY (or asst. secretary) are to sign each copy. A manual, handwritten or stamped signature is required. Carbon copy, photo copy, or electrostatic signatures are not acceptable.

4. Submit in DUPLICATE ORIGINAL. Furnish Secretary of State two copies of the document. (Mailing address: Corporations Division, Secretary of State, P.O. Box 7846, Madison, WI 53707. If sent by Express or Priority US mail, address to 30 W. Mifflin St. 9th FLR, Madison, WI 53703.) If you have any additional questions, please contact the Corporations Division at 608/266-3590. One copy will be retained (filed) by Secretary of State and the other copy transmitted directly to the Register of Deeds of the county named in this document, together with your check for the recording fee. When the recording has been accomplished, the document will be returned to the address you furnish at the top of this page.

5. Two SEPARATE REMITTANCES are required.

A) Send a filing fee of \$25, payable to SECRETARY OF STATE. Your cancelled check is your receipt for fee payment.

B) Send a RECORDING FEE of \$12, payable to REGISTER OF DEEDS of the county named in this document as the county within which the corporation's principal office is located. IF YOU APPEND ADDITIONAL PAGES TO THIS STANDARD FORM, ADD \$2 MORE RECORDING FEE FOR EACH ADDITIONAL PAGE. NOTE: If this document effects a change of the address of the corporation's principal office from one county to another, submit a TRIPLICATE document, and a recording fee for each county. Recording fee for the old county is \$12 and the recording fee for the new county is \$14 when using this standard form with no attachments.

Please furnish the fee for the Register of Deeds in check form with your document, and we will transmit it to the Register of Deeds with the document for recording.

✓ Fr
y of State
ISIN
1/92)

REEL 3456 MAG 685

FEB 21 1995

United States of America

State of Wisconsin

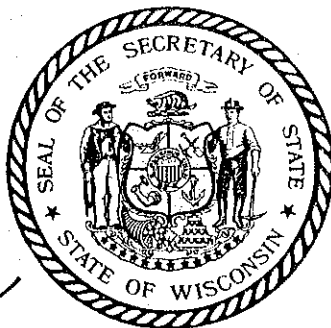
OFFICE OF THE SECRETARY OF STATE

TO: REGISTER OF DEEDS

7044164

RECORD 12.00

Attached please find a duplicate of a document filed in my office on the date endorsed therein. It is furnished in compliance with sec. 181.67(2)(b), 185.82(2)(b) or other section of the Wisconsin Statutes specifying the recording of the document in your office.



Douglas La Follette

DOUGLAS LA FOLLETTE
Secretary of State

7044164

REGISTER'S OFFICE } SS
Milwaukee County, WI } 2 30 PM
RECORDED AT

JAN 12 1995 684-

REEL 3456 IMAGE 685

Wm. A. Angell REGISTER
OF DEEDS

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P O BOX A-3290 DPN 22-2
CHICAGO, IL 60690

DEPARTMENT OF THE TREASURY

Entered in PCG

RECEIVED AUG 1 1991

Date: JUL 29 1991

Employer Identification Number:
39-1664109

Contact Person:
N. BRYSON

Contact Telephone Number:
(312) 886-1278

ISAAC COGGES HEALTH CONNECTION
INCORPORATED
2770 N 5TH STREET
MILWAUKEE, WI 53212

Accounting Period Ending:
February 28th
Form 990 Required:
yes
Addendum Applies:
no

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Letter 947(DG/CG)

ISAAC COGGS HEALTH CONNECTION

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

ISAAC COGGS HEALTH CONNECTION

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "R. S. Wintrode, Jr." with a stylized flourish at the end.

R. S. Wintrode, Jr.
District Director