Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

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.

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

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

[Signature]
Steven A. Jensen
District Director

Employer Identification Number: 94-2901694
Case Number: 956365039
Contact Person: TYRONE THOMAS
Contact Telephone Number: (213) 994-2289
Our Letter Dated: February 28, 1993
Addendum Applies: No
FICTITIOUS BUSINESS NAME STATEMENT (FILE NO. )

1. Fictitious Business Name(s)
   1. Gay and Lesbian Medical Association
   2. GLMA

2. Street Address, City, State & Zip code of Principal Place of Business in California (P. O. Box NOT allowed)
   459 Fulton Street #107, San Francisco, CA 94102

3. Full name of registrant #1 (If Corporation or Limited Liability Company, indicate State of incorporation or organization)
   American Association of Physicians for Human Rights, Inc. / CA
   Residence Address, City, State and Zip Code for Registrant #1 (P. O. Box NOT allowed)
   459 Fulton Street #107, San Francisco, CA 94102

4. The business is conducted by: ☐ an individual ☐ a general partnership ☐ a limited partnership
   ☐ an unincorporated association other than a partnership ☐ a corporation ☐ a business trust
   ☐ co-partners ☐ husband and wife ☐ joint venture ☐ limited liability company
   ☐ other – please specify

5. The registrant commenced to transact business under the above-listed fictitious business name or names on: (enter exact date – if future date, write “not applicable”) 9/23/94

6. I declare that all information in this statement is true and correct.
   Signed ____________________________
   Printed Name ____________________________
   Corporation or LLC Name ____________________________
   Signature: ____________________________
   Printed Name & Title ____________________________

This statement was filed with the County Clerk of San Francisco on date indicated by the file stamp above.

NOTICE – THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THIS DATE. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHT OF ANOTHER UNDER FEDERAL, STATE OR COMMON LAW (SEE SECTION 14400 ET SEQ., BUSINESS AND PROFESSIONS CODE.)

CERTIFICATION
I hereby certify that the foregoing is a correct copy of the original on file at the San Francisco County Clerk's office.

By: ____________________________
Deputy