

e-Postcard Worksheet

Form **990-N****2018**

For calendar year 2018, or tax year beginning , and ending

Name

Employer Identification Number

LOVE HEALS FREE CLINICS INC**83-2096687****Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.**

The following items are required for a complete electronic submission:

1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) **83-2096687**
2. Tax year **2018**
3. Legal name of organization **LOVE HEALS FREE CLINICS INC**
- Mailing street address **4481 N DRESDEN PL**
- City or foreign province **GARDEN CITY**
- State or foreign country code **ID**
- Zip code **83714**
4. Any other names the organization uses (Doing Business As)
5. Principal officer name **C FRED CORNFORTH**
- Mailing street address **4481 N DRESDEN PL**
- Street address line 2
- City **GARDEN CITY**
- Foreign province
- State or foreign country code **ID**
- Zip code **83714**
6. Web site address if the organization has one **WWW.CDINET.US**
7. Organization's annual gross receipts are normally \$50,000 or less **X**
8. Organization is terminated or in the process of termination