

Form 990-N (e-Postcard) Summary
(THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY**)**

Tax period beginning 01/01/2017 and ending 12/31/2017

Organization's legal name **MERLIN MEDIATION COUNSELING & CONSULT INC.** Employer ID number **47-1479303**

Other names used by organization (DBA)

Number and street (or P.O. box, if applicable) **PO BOX 2034** Room/Suite Telephone number **406-204-0064**

City or town, state or country and ZIP + 4
HELENA, MT 59624-2034

Web address, if applicable **WWW.MERLINCCC.ORG**

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year
Check if organization is terminating (going out of business)

Information regarding principal officer:

Name **MARISA DIAZ-WAIAN**
Street address **PO BOX 2034**
City, state or country and ZIP + 4 **HELENA, MT 59624-2034**