



REPORT OF UNCLAIMED PROPERTY – FORM A

COLORADO DEPARTMENT OF TREASURY
 UNCLAIMED PROPERTY DIVISION
 1580 LOGAN ST SUITE 500
 DENVER, COLORADO 80203
 303-866-6070 OR TOLL FREE 800-825-2111
 FAX: 303-866-6154
 http://www.GreatCOPayback.com

WHO IS REQUIRED TO REPORT?

- All types of companies and business entities (legally referred to as business associations), except racetracks;
- Public institutions including courts, municipalities, governmental subdivisions/agencies, public corporations or authorities;
- Non-profit entities, hospitals, utilities, estates, or any other legal or commercial entity.

This form must be filed in accordance with the Unclaimed Property Act, Title 38, Article 13 of the Colorado Revised Statutes.

ALL SECTIONS MUST BE COMPLETED.

1. Name of Business (Holder): _____
 Street Address and Mailing Address: _____
 City, State Zip: _____

2. ENTER YOUR FEDERAL EMPLOYER'S TAX IDENTIFICATION NUMBER (FEIN)

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3. State of Incorporation or Principal Place of Business _____ Date of Incorporation or Date Business Started _____

4. Total Assets
 Less than \$500,000 \$500,000 to \$5 Million \$5 Million to \$100 Million More than \$100 Million
 Annual Gross Income
 Less than \$500,000 \$500,000 to \$5 Million \$5 Million to \$100 Million More than \$100 Million

5. Please indicate which of the following best describes the primary activity of your company (check one):
 Banking/Trust (10) Government (70) Mutual Funds (38) Services (52)
 Churches (66) Health Care Facilities (67) Oil & Gas (55) Transportation (54)
 Construction (51) Insurance, Life (30) Retail (50) Utilities/Cable Co. (75)
 Credit Union (20) Insurance, Other (35) Savings & Loan (15) Other specify below (45)
 Finance/Investment (40) Manufacturing (53) Schools, Colleges, Univ. (60)

6. If you have reported previously under a different name or Federal Employer's Tax ID number (FEIN), please list below:

PREVIOUS HOLDER NAME	DATE OF CHANGE	PREVIOUS FEIN																				
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7. a. Contact Person for Reporting _____ Telephone Number _____ FAX _____ Email _____ Mailing Address (if different from above) _____
 Contact Person for Claims _____ Telephone Number _____ FAX _____ Email _____ Mailing Address (if different from above) _____

8. If you have reported Colorado unclaimed property to another state, please indicate the name of the state: _____

9. The following must be completed and signed by a duly authorized officer of the company:
 I, _____, affirm and state that I have caused to be prepared and have examined this report of _____ pages (including this form) as to property presumed abandoned under the Colorado Unclaimed Property act (CRS 38-13-101, et seq) for the year ending as stated, that I am duly authorized to attest that I believe that said report is true, correct and complete as of said date, excepting for such property as has since ceased to be abandoned.

Total dollar amount remitted _____ Total shares remitted _____ Date: _____
 By check By electronic funds transfer

Signature of Officer _____ Title _____ Phone: _____

10. Make checks payable to: **Colorado Department of the Treasury.**
 Attach payment with this form and mail to the address above. Attach confirmation of shares, stock and mutual funds transferred into **Colorado & CO.**