HOLDER (Name of Business)	REPORT YEAR 20_____ **AP-2 form**	TYPE OF REPORT
ADDRESS	FED ID#	____ CASH ____ SECURITIES ____ TANGIBLE
CITY, STATE, ZIP	PERIOD COVERED FROM: TO:	

COMMONWEALTH OF VIRGINIA
Department of the Treasury
Division of Unclaimed Property
P.O. Box 2478
Richmond, Virginia 23218-2478

REPORT OF UNCLAIMED PROPERTY

MUST BE TYPED

NUMBER THE OWNERS SEQUENTIALLY (1)	PROPERTY CODE (2) / IDENTIFYING NUMBER (3)	OWNER(S) NAME, ADDRESS, CITY, STATE AND ZIP LIST ALPHABETICALLY BY LAST NAME, FIRST AND MIDDLE INITIAL, (IF JOINT OWNER, BENEFICIARY, TRUSTEE, ETC., SPECIFY BY NAME.) (4)	OWNER SOCIAL SECURITY NUMBER (5)	DATE OF LAST TRANSACTION OR DATE PROPERTY BECAME PAYABLE, REDEEMABLE, OR RETURNABLE (6)	AMOUNT DUE OWNER BEFORE DEDUCTIONS AND WITHHOLDINGS (7)	DEDUCTIONS AND WITHHOLDINGS (SEE INSTRUCTIONS) TYPE (8a) / AMOUNT (8b)	AMOUNT/NUMBER OF SHARES REMITTED AS DUE OWNER (9)	INTEREST RATE (10)	TANGIBLE PROPERTY DESCRIPTION OR COMMENTS (See Instructions) (11)
EXAMPLE: *1.*	*AC02* *1234567*	*PUBLIC, JOHN Q.* *PUBLIC, MARY Z. (co-owner)* *1234 Any Street* *Any City, State and Zip Code*	*000-00-0000*	*4/6/1986*	*$155.00*	*SC / $5.00*	*$150.00*	*6%*	*John Public's Date of Birth is 6/3/42* *Account Opened 5/2/72*
TOTALS BROUGHT FORWARD FROM PREVIOUS PAGE					$	$	$		
					$	$	$		

SUBMIT YOUR REPORT AND REMITTANCE BY NOVEMBER 1 OF REPORT YEAR

TOTALS CARRIED FORWARD TO NEXT PAGE