



UNCLAIMED PROPERTY REPORT SUMMARY

ND DEPARTMENT OF TRUST LANDS
UNCLAIMED PROPERTY DIVISION
www.land.nd.gov (UPD 2005)

REPORT DUE DATES

Life Insurance: May 1 (as of Dec. 31), 20____
Other Holders: Nov. 1 (as of June 30), 20____

| |
|--|
| Business Name and Mailing Address (ONE BUSINESS PER REPORT SUMMARY) |
|--|

| | |
|---------------------------------|------------|
| Contact Person and Title | |
| (Area Code) Telephone Number | Fax Number |
| E-mail address | |
| Federal Tax ID Number (FEIN) | |
| State and Date of Incorporation | |

If you are filing on behalf of multiple organizations, please complete a separate report for each business and/or franchise. Failure to do so could raise compliance questions for a business that does not have its own reporting history. Remittance may be consolidated.

REPORTING REQUIREMENTS

Indicate your type of business in the box below. The numbers shown next to your type of business correspond with the numbered sections on "Property Description Codes" page, which shows property types and descriptions common to your type of business. If you need to complete an "Itemization" form, you'll need the "Property Description Codes" for that form as well.

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Bank: (1,2,4,5,10) | <input type="checkbox"/> Fed. Savings Bank: (1,2,4,5,10) | <input type="checkbox"/> Utility: (1,2,8) | <input type="checkbox"/> Corporation: (1,2,6) |
| <input type="checkbox"/> Credit Union: (1,2,4,5,10) | <input type="checkbox"/> Government: (1,2,9) | <input type="checkbox"/> Life Insurance: (1,2,3) | <input type="checkbox"/> Retail: (1,2) |
| <input type="checkbox"/> Trust Company: (1,2,5) | <input type="checkbox"/> Oil/Gas Company: (1,2,7) | <input type="checkbox"/> Prop/Casualty Ins. (1,2,3) | <input type="checkbox"/> Other: _____ |

REPORT SUMMARY

| | # of Items | Total \$ |
|---|------------|----------|
| ITEMS WITH AMOUNTS OF \$50.00 AND OVER (Itemization Sheet Required) | | |
| ITEMS LESS THAN \$50.00 | | |
| Total Amount Due (Remit with Report) | | |
| NUMBER OF SHARES / SECURITIES BEING REPORTED | | |

I, being duly sworn on oath, depose and say that I am the holder, or authorized to make this report for the holder; that the report on this and attached pages, is a full, true and complete report of all unclaimed property now in possession or under the control of this holder, which is presumed abandoned as provided by North Dakota Century Code, Chapter 47-30.1; and that the holder sent written notice to the owner of the property presumed abandoned as required by Section 47-30.1-17 (05), N.D.C.C.

Checks & Securities should be issued to:

ND Department of Trust Lands
Unclaimed Property Division
PO Box 5523
Bismarck, ND 58506-5523

Phone: (701) 328-2800
Fax: (701) 328-3650

Signature

Title

Date: _____