Office of Auditor of State Andrea Lea
List of Owners of Unclaimed Stock and Other Securities (AOS/UP4)

Page #_____ of _____

Holder of unclaimed funds:

Name:_____ Address:_____

Owner Name Last, First Middle (List names alphabetically by last name)	Last Known Address # & Street City, State, Zip	Relation-ship Code	Social Security # Tax ID #	Description of Securities	Issuer Name & Account # or CUSIP #	Date of Last Transaction	# of Shares
				Enter Page Total Here	#		
	(Also enter on AOS/UP1)	If last page of report enter Grand Total Here			#		