



The State of New Hampshire

TREASURY

ABANDONED PROPERTY DIVISION
25 CAPITOL STREET ~ ROOM 205
CONCORD, NEW HAMPSHIRE 03301-6312

REPORT OF ABANDONED PROPERTY

FILE THIS COPY WITH YOUR TOTAL REMITTANCE ON NOV. 1 (MAY 1 FOR INSURERS)

HOLDER NAME: (Please Include Official Address)

STATE OF _____
COUNTY OF _____:SS

PAGE ____ OF ____

I, _____, being first duly sworn, on oath depose and state that I have caused to be prepared and have examined this report consisting of _____ pages as to property presumed abandoned under the New Hampshire Unclaimed and Abandoned Property Law for the year ending as stated, 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.

TAX ID#:
STATE OF INCORPORATION:
CONTACT PERSON:
TELEPHONE NO/FAX NO:
REPORT YEAR:

Signature & Title _____
Notary _____
Subscribed and sworn to before me this _____ day of _____ 20____.

NUMBER OF INDIVIDUAL OWNERS LISTED ON THIS REPORT: _____

PROPERTY TYPE CODE (1)	IDENTIFYING ACCOUNT NUMBER (2)	OWNER'S LAST NAME, FIRST NAME, STREET ADDRESS, CITY, STATE, ZIP OWNER SOC SEC. NUMBER (LIST ALPHABETICALLY BY LAST NAME) (3)	DATE OF LAST TRANSACTION OR DATE PROPERTY BECAME PAYABLE/ RETURNABLE (4)	AMOUNT DUE OWNER BEFORE DEDUCTIONS & WITHHOLDINGS (5)	SHARES DUE OWNER (SEE INSTRUCTIONS)		AMOUNT REMITTED AS DUE OWNER (7)
					SHARES (6A)	CUSIP # TAX DATE (6B)	
		AGGREGATE AMOUNT					
TOTAL							

(IF THIS IS LAST PAGE OF REPORT, ENTER GRAND TOTAL) _____

MAKE CHECKS PAYABLE TO "TREASURER, STATE OF NEW HAMPSHIRE"