

**STATE OF WYOMING**  
**LIST OF OWNERS OF UNCLAIMED CONTENTS OF SAFE DEPOSIT BOXES**  
**OR OTHER SAFEKEEPING REPOSITORIES**

**FORM WUP-4**

**HOLDER (Name of Business)** \_\_\_\_\_

**FEIN:** \_\_\_\_\_

**Report Year:** \_\_\_\_\_

Owner Social Security No. or Federal Tax ID No.  (1)	Owner Name			Last Known Address Street/City/State/ZIP/County  (3)	Safe Deposit Box Identifying No.  (4)	Date When Lease or Rental Period Expired  (5)	Date of Opening of Safe Deposit Box or Other Safekeeping Repository  (6)	No. of Items  (7)	Description of Articles  (8)
	Last	First	Middle						
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