For Funds Paid to the State of Wyoming on __________________________

NOTE: Please attach proof of payment to the owner when submitting this form, if applicable.

PART I. HOLDER INFORMATION

Name of Holder

FEIN

Address

City

State

ZIP

Telephone Number

PART II. CLAIM INFORMATION

<table>
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<tr>
<th>Property Code</th>
<th>Account/Reference Number (If Aggregate, specify)</th>
<th>Owner(s) Name (Exactly as indicated on report)</th>
<th>Owner(s) Address</th>
<th>Claimant(s) Name (If different than owner)</th>
<th>Claimant(s) Address (If different than owner)</th>
<th>Date Paid to Claimant or Account Reactivated</th>
<th>Amount Paid</th>
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If amount was remitted in error, please attach a written explanation.

TOTAL AMOUNT OF REIMBURSEMENT

PART III. HOLDER CERTIFICATION

Supporting documentation is attached  ☐

State of ________________________ County of ___________________  

I, ___________________________________, a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the report filed by the holder, have been paid to the rightful owner(s), their appointed representative or that the funds were remitted in error. I agree, upon payment of the above described property, to indemnify the State and hold it harmless from all claims and loss, demands, costs and other expenses which the State may sustain by reason of returning property to the holder and by reason further of its refusal to pay the property to any other person or persons.

Signature of Holder Representative ____________________________  Date __________  

Subscribed and sworn to before me this __________ day of __________, 20____

Name of Representative (Type or Print) ____________________________  Notary Signature ____________________________

Place Notary Seal Here

PLEASE RETURN TO
Wyoming State Treasurer
Unclaimed Property Division
Herschler Building East
122 West 25th St., Suite E300
Cheyenne, WY 82002
307-777-5590