SUMMARY OF UNCLAIMED PROPERTY

Must be postmarked on or before November 1st (May 1st for Life Insurance)

BUSINESS INFORMATION

Print Name

www.KansasCash.com/holders

Business Name				900 SW Jackson St. Ste 201 Topeka, KS 66612-1235		
Tax ID #	Incorpo		(785)291-3173)291-3173	
Business Address						
Mailing Address			City	Stat	e Zip	
Previous Business Na	ıme(s)					
		(If Applicable)			
CONTACT INFORMAT This person will be lis		ntact for property inqu	ires (required)			
Name		Phone	Ema	ail		
REPORT INFORMAT	ION					
Report Total Dollar A	amount \$		* Check if filing	a Zero Report	(not required in KS)	
Report Method	* Paper*	* NAUPA CD/Disk	* UP3 Online Sys	stem *	Secure Upload	
Payment Method	* Check	* ACH/Wire	Check/ Wire or A	ACH#		
Reporting Safe Deposit Boxes * YES			Number of Boxes Reported			
Reporting Shares of S		* YES	Number of Share	_		
a disk	must be submitte	or reports 10 properties & und ed or upload your Naupa file to **Supply Confirmation Sto	our secure site at www.Kansatements with report.	sasCash.com/holde		
		ne instructions on website: w			Proporty Dont	
Check Paybable To: Kansas State Treasurer ACH/Wire Info: Contact our Office KSHolder@treasurer.ks.		r Office	lail Report To: Kansas Unclaimed Property Dept Holder Services 900 Sw Jackson St Ste 201			
		treasurer.ks.gov	Topeka, KS 66612-1235			
abandoned under the	Uniform Uncla	caused to be prepared, a timed Property Act. I amy knowledge and belief	duly authorized to exe	cute this verific	cation by the	
Signature		Date	Phon	e Number		

Email Address