			REPORT YEAR 20		AP-2 form	TYPE OF REPORT	COMMONWEALTH OF VIRGINIA Department of the Treasury Division of Unclaimed Property			
			FED ID# PERIOD COVERED			CASH SECURITIES TANGIBLE	P.O. Box 2478 Richmond, Virginia 23218-2478			
							_			
			FROM: TO:		1					
						RE	PORT OF UN	CLAIN	MED PROPERTY	
		MUST BE TYPED				4				
NUMBER THE	PROPERTY CODE	OWNER(S) NAME, ADDRESS, CITY, STATE AND ZIP	OWNER	DATE OF LAST TRANSACTION	AMOUNT DUE	DEDUCTIONS AND	AMOUNT/NUMBER OF		TANGIBLE PROPE	RTY DESCRIPTION
OWNERS	(2)	LIST ALPHABETICALLY BY LAST NAME, FIRST AND	SOCIAL	OR DATE PROPERTY BECAME	OWNER BEFORE	WITHHOLDINGS	SHARES REMITTED	INTEREST	OR COMMENTS	
SEQUENTIALLY	IDENTIFYING	MIDDLE INITIAL, (IF JOINT OWNER, BENEFICIARY,	SECURITY	PAYABLE, REDEEMABLE,	DEDUCTIONS AND	(SEE INSTRUCTIONS)	AS DUE OWNER	RATE	(1	1)
(1)	NUMBER	TRUSTEE, ETC., SPECIFY BY NAME.)	NUMBER	OR RETURNABLE	WITHHOLDINGS	TYPE AMOUNT	(9)	(10)		
EXAMPLE:	(3) AC02	PUBLIC, JOHN Q.	(5) 000-00-0000	(6) 4/6/1986	(7) \$155.00	(8a) / (8b) SC / \$5.00	\$150.00	6%	John Public's Date	of Rirth is 6/3/42
l.		PUBLIC, MARY Z. (co-owner)				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,0	Account Ope	
	100.000	1234 Any Street								
	1234567	Any City, State and Zip Code TOTALS BROUGHT FORWA	DD EDOM DDE	VIOUS DACE	e e	\$	S			
		TOTALS BROUGHT FORWA		TIOUSTAGE	UP	J	Ψ	+		