



Report of Property Presumed Unclaimed

Name of Holder YELLOWSTONE COUNTY

Address 217 N 27TH STREET

Address _____

City BILLINGS

State MT Zip 59102

☐ Check this box if your address has changed.

1. FEIN

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6	0	0	1	4	4	9
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 Ext. _____

2. Acct ID

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3. Report Year

2	0	2	6
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4. Report Number 1 See Instructions.
The original report is considered report number 1.

5. If you are no longer in business and want your account closed, enter your final date.

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Section I:

☒ Non Life Insurance Company Holder Report
(Report Year July 1 through June 30)

☐ Life Insurance Company Holder Report
(Report Year January 1 through December 31)

\$ 20064.57 **Total amount remitted** from Section II, page 2. Remit one payment for the total amount.
The amount remitted is for all items held and owing that have remained unclaimed, unpaid
and are presumed abandoned/unclaimed. See instructions for payment options.

112 **Total number of properties reported** on Section II, page 2.

0 **Total number of shares reported** on Section III, page 3.
For information related to the transfer of securities, see instructions on page 8.

Name of Contact Anna Ullom

Address PO Box 35003

Phone 406-256-2783

Address _____

Email aullom@yellowstonecountymt.gov

City Billngs

State MT Zip 59107

I, the undersigned, declare under penalty of perjury, that to the best of my knowledge and belief, the following is a true and complete report of unclaimed property now in possession or under control of the holder, which is presumed unclaimed in accordance with Montana law, 70-9-801 through 70-9-829, MCA. Written notice has been sent to the apparent owner as prescribed under Montana law, 70-9-808(5), MCA.

Name of Officer or Holder Authorized to Sign Report (please print) JENNIFER JONES

Signature _____ Date _____

Title FINANCE DIRECTOR Phone (406) 256-2816 Fax _____

Filing this Form:



E-File options available at
revenue.mt.gov

Mail the completed form to:

Montana Department of Revenue
PO Box 5805
Helena MT 59604-5805

Report of Property Presumed Unclaimed

MONTANA
UCH-1

Section II

Column 1 NAUPA Property Type Code	Column 2 Date of Last Transaction/ Date Payable (MMDDYYYY)	Column 3 Amount Due to Owner	Column 4 Owner Social Security Number or Federal Employee Identification Number (no dashes or slashes)	Column 5 Owner Name (last name, first name, middle initial)	Column 6 Last Known Mailing Address (street, city, state, zip code)																							
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Total Amount Remitted \$																												

Important: If additional space is needed, make copies of this page. If Section II is not reproduced exactly as formatted on this page, report processing will be delayed until we receive the correctly formatted information.