Compliance Assistance Program Commitment Form

Company Name Address:	e: _ -		
	- City _		
FEIN/Social Security #: State of Incorporation: Date of Incorporation: Authorized Representative: Telephone: E-Mail Address: Form Date:			
Company) to prolook back period which the holder (10) years. The Statues and Chaccommitment do penalties and in Failure Willfer	operly report and d and to develop per is expected to re Company will fully apter 80 - Oklahor ate on this form. Interest according the to report/remitual failure to report	form is to express the intent of	overed by the did (the time for aximum of ten I Property oon e following
the State Trease with the Oklaho property due to commitment da terms of the Co result in the dis It should be und	urer will expect the ma Unclaimed Prothe the state for the ate, no penalties a mpliance Assistan missal of the State derstood that this	commitment form signed by an authorized representative of the Company to begin to develop necessary procedures to achieve coperty statutes, including proper remittance and reporting of years covered by the look back period. If compliance is achieved interest will be assessed by the Treasurer. Failure to compace Program Commitment Form by the agreed upon commitment assessment of penalties signed Compliance Assistance Program Commitment Form deceasurer's right to audit the Company.	eve compliance all unclaimed yed by the ly with the nent date will and interest.
	_	aimed property can be obtained at treasurer.ok.gov. The Uncl at (405) 521-4273 if you have questions. Please sign and date	
Return to:	Oklahoma State T Unclaimed Prope 4841 N. Sewell A Oklahoma City, O	erty Division ve.	
	rs Included in Com	d one (1) year from the date of form) nmitment orting year needs to be separately, identified. For example 20	
Company Author	orized Representa	tive/Date	
State Treasurer	Authorized Repre	esentative/Date	