REQUEST FOR UNCLAIMED ASSETS

Claiming Assets of (Name as liste	ed in publication): Member No
Last_	First
Claimant Requesting Assets:	
Name	Soc. Sec. No
Street (current address)	
City	StateZip
Phone number	
Relationship to Claimant	
Method of Refund Requested (ch	eck box)
Check issued	Donation to Roundup
Applied to Account No	Name on Account
agent of the above-named former s on his/her behalf to perfect this cla this claim will be distributed to the	, do hereby attest and certify that I am legally authorized tockholder of Citizens Electric Corporation, and empowered to act im. I do further attest that any assets secured by me as a result of lawful owners in a timely manner.
(Must be notarized if amount is g STATE OF MISSOURI	greater than \$100.00 or for any business account)
COUNTY OF)) ss.
COUNTY OF	
	, in the year 20, before me , a Notary Public in and for said state, personally appeared _, known to me to be the person who executed the within Claim fo
Unsecured Assets, and acknowledg stated.	ged to me that he/she executed the same for the purposes therein
IN WITNESS WHEREOF and year first above mentioned.	F, I have hereunto set my hand and affixed my notarial seal the day
Mr. Commission Francis	Notary Public
My Commission Expires:	

^{*}Please return the completed form to our offices at: 1500 Rand Ave. Perryville, MO 63775 ATTN: Unclaimed Assets