

COMMONWEALTH OF VIRGINIA
 STATE CORPORATION COMMISSION
 BUREAU OF FINANCIAL INSTITUTIONS
 TRANSACTION REPORT OF MONEY ORDER SELLERS AND MONEY TRANSMITTERS
 FOR THE SEMI-ANNUAL PERIOD ENDING June 30, 2009

Licensee's Name and Mailing Address

Licensee's Federal Identification Number (FIN): _____

Licensee's E-mail Address (if any): _____

Provide the following information with respect to business conducted pursuant to the Virginia Money Order Sales Act for the period ending June 30, 2009. (Virginia Business Only)

Month	Total Dollar Sales of Money Orders	Total Dollar Sales of Money Transmission Services
1. January	_____	_____
2. February	_____	_____
3. March	_____	_____
4. April	_____	_____
5. May	_____	_____
6. June	_____	_____
7. Total For Period	_____	_____

The undersigned certifies that the facts outlined in this report are true and that he/she has been duly authorized to file the report.

Date

Signature

Telephone Number

Print Name and Title

FOR OFFICIAL USE ONLY

8. Monthly Average	_____	_____
9. Monthly Average from Previous Reporting Period	_____	_____
10. Combined Average	_____	_____
11. Bond requirement	_____	_____