

COMMONWEALTH OF VIRGINIA
 STATE CORPORATION COMMISSION
 BUREAU OF FINANCIAL INSTITUTIONS
 TRANSACTION REPORT OF MONEY ORDER SELLERS AND MONEY TRANSMITTERS
 FOR THE QUARTER ENDING September 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 quarter ending September 30, 2009: (Virginia Business Only)

Month	Total Dollar Sales of Money Orders	Total Dollar Sales of Money Transmission Services
1. July	_____	_____
2. August	_____	_____
3. September	_____	_____
4. 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

5. Monthly Average	_____	_____
6. Monthly Average from Previous Reporting Period	_____	_____
7. Combined Average	_____	_____
8. Bond requirement	_____	_____