

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, 2018

Licensee's Name and Mailing Address

Licensee's Federal Identification
 Number (FIN):

Licensee's E-mail Address:

License Number in Virginia: MO- _____

Provide the following information with respect to business conducted pursuant to the Virginia Money Order Sales and Money Transmission Services Act for the quarter ending September 30, 2018 (Virginia business only), **rounded to the nearest dollar**:

| 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

***Includes stored value and bill payment transactions.**