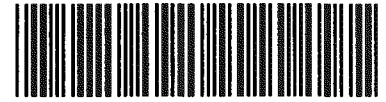


COMMONWEALTH OF MASSACHUSETTS

Department of the State Treasurer
Unclaimed Property Division
One Ashburton Place, 12th Floor
Boston, MA 02108-1608
UCPClaims@tre.state.ma.us
(617) 367-0400



Claim ID: 7393559

Deborah B. Goldberg
Treasurer and Receiver

September 24, 2024

CITY OF BOSTON
ATTN JOHNNY HERNANDEZ
P.O. BOX 55810
BOSTON, MA 02205-5810

Upon completion of this form, please return to the address above or upload your claim documentation to www.findmassmoney.gov. Please allow up to 180 days for processing.

A. Claimant Information
Name(s) if different than above:
Daytime Phone: () -
Mailing Address if different than above:
Email Address:
Date of Birth: / /
Are you in a contractual agreement with an Heir Finder? YES or NO (Please circle one)
If so, who: _____

B. Property Information
Table with 6 columns: Owner, Company/Security Name, Report Year, Type of Property, Property ID, Value. Includes entry for CITY OF BOSTON PERSONAL PROPERTY TAXES and ENDURANCE INTERNATIONAL GROUP, INC.

C. Documentation Required
List of requirements: Claim Form Signed by Claimant, Claim Form Signed by Authorized Signer, Proof of Tax Identification, Photo ID(s), Holder Certification Section Completed.

D. Certification

Claimant must sign below (if more than one person is entitled to the property, both must sign).

Under the penalties of perjury I certify that: the social security number and/or tax identification number I have provided is my(our) correct taxpayer identification number as assigned by the Social Security Administration/Internal Revenue Service; I am(we are) an U.S. person (including an U.S. resident alien); that my(our) claim of ownership is true, absolute, and complete; and that I(we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same.

*Please note the person signing the first signature line below will be liable for any taxes as a result of interest paid by the Commonwealth. A 1099 will be issued ONLY if the paid interest amount is more than \$10.00

You must provide the following information:

Please Print CLAIMANT NAME or BUSINESS NAME CITY OF BOSTON *INTERNATIONAL GROUP, INC. CONTACT INFORMATION*

LEGAL ADDRESS 1 CITY HALL PLAZA BOSTON MA 02109
 (This address will be the mailing address Address City State Zip
 for your unclaimed property payment)

Gareth Donachie
 Signature of Claimant (electronic signature not accepted)

11/27/2024
 Date

04-6001380
 Social Security or FEIN # (circle one)

 Signature of Claimant (electronic signature not accepted)

 Date

 Social Security or FEIN # (circle one)

E. Holder Certification

This form must be sent to the following financial institution before being returned to the Treasury:

Holder: ENDURANCE INTERNATIONAL GROUP, INC. Contact Person: Jamshid Ebadi Phone Number: (800) 599-6043
 Address: 1801 CALIFORNIA ST #2200 DENVER, CO 80202-2658 Email: unclaimed@crowe.com

We hereby certify that the following property was turned over to the Commonwealth of Massachusetts:
 Report Year 2020 Account Number 0046 4055 9331 Amount 31,851.98

Name of Owner City of Boston Reported Owner ENDURANCE INTL GROUP INC FEIN/SSN 352015980

Address of Owner P.O. BOX 55810 BOSTON, MA 02205-5810

Signature of officer of firm or corporation *Gareth Donachie*

- Before returning this form, claimants should:**
- Complete **A. Claimant Information**
 - Review **B. Property Information**
 - Attach the document requested in **C. Documentation Required**