



MEDICAL TRAINING SOLUTIONS INC  
 ADAM ORKAND  
 PO BOX 17349  
 SEATTLE, WA 98127-1049

March 07, 2023

| A. Claimant Information                          |                               |
|--|-------------------------------|
| Name(s) if different than above:                 | Phone: 206 -632 -6704         |
| Current Mailing Address if different than above: |                               |
| Email Address: adamo@medtraining.org             | Date of Birth: 08 / 29 / 1969 |

| B. Documentation Required  |  |
|--|--|
| <input type="checkbox"/> <b>Photo Identification</b>             | Copy of current driver's license or other official government issued photo ID (U.S. passport) for ALL Claimants.   |
| <input type="checkbox"/> <b>Proof of Reported Address</b>        | Proof of address for each property listed on the claim form in section C under the Owner column, such as copy of driver's license, past utility bill, bank statement, etc. |
| <input type="checkbox"/> <b>Signed Claim Form</b>                | Completed and signed claim form.   |
| <input type="checkbox"/> <b>FEIN</b>                             | Copy of an official document showing the full Federal Employer Tax ID Number (FEIN).   |
| <input type="checkbox"/> <b>Proof of Current Mailing Address</b> | If your <u>current mailing address</u> is not on your ID, proof of current mailing address or address where payment will be sent.  |

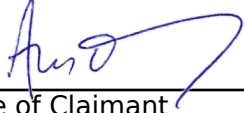
| C. Property Information   |              |                           |                   |                    |             |                |
|---|--------------|---------------------------|-------------------|--------------------|-------------|----------------|
| Owner   | Relationship | Company/Security Name     | Type of Property  | Last Activity Date | Property ID | Value          |
| MEDICAL TRAINING SOLUTIONS INC<br>PO BOX 17349<br>SEATTLE, WA 98127 | SOLE OWNER   | 2022 SUTTER BAY HOSPITALS | MS11: REFUNDS DUE | 2017               | 19143932    | Cash: \$995.00 |
| <b>GRAND TOTAL of PROPERTY</b>                                      |              |                           |                   |                    | Total Cash: | \$995.00       |

**Safe Deposit Box Content**

If the type of property above is Safe Deposit Box Contents, all paper documents are held one year and then destroyed. All other contents are held at least one year and then sold at auction.

## D. Signature

I affirm that the information provided is full, true, and correct. I agree to hold the state of Washington harmless against claim of all others for property which may be paid to me on the basis of the documentation provided.



Adam Orkand

4/19/2023

Signature of Claimant

Printed Name of Claimant

Date

Signature of Claimant

Printed Name of Claimant

Date

## Final Instructions

Return the completed claim form along with the documentation listed in Section B online or by mail:

- Upload the claim form and documentation at [ucp.dor.wa.gov](http://ucp.dor.wa.gov). Click on **Claiming Property**, then **Upload Claim Documentation**.
- If you cannot provide the required proof, send a letter explaining why you are entitled to claim the property.
- You may mail the documentation to our office at the address listed below:

**State of Washington  
Department of Revenue  
Unclaimed Property Section  
PO Box 47477  
Olympia, WA 98504-7477**

If you have questions, please call 360-534-1502.

**IMPORTANT:** Always save a copy of your claim documents and this form for your records.

**Please allow up to 90 days for your claim to be processed.**

To ask about the availability of this form in an alternate format for the visually impaired, please call 360-705-6705.

Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV SO 0006 (1-13-2021)