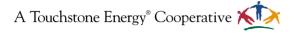


Tri-County Rural Electric Cooperative, Inc.

People you can count on.



APPLICATION FOR ESCHEATS FUNDS

Name of Organization:	
Contact Name:	
Address:	
Telephone: E-Mail:	
Summarize programs or services offered by your group and the people	e it's benefiting.
Number of years Organization has been in existence:	
Summarize your request for funding:	

	_	
Amount requested:		
Date	Signature	

Complete and return to:

Tri-County Rural Electric Attn: Bryan Berguson (Escheats Fund Request) PO BOX 526 Mansfield PA 16933