

## THE LICENSEE IDENTIFIED BELOW IS AUTHORIZED TO CONDUCT BUSINESS AS INDICATED BY THE LICENSE TYPE.

**LICENSE** 

TYPE:

Money Services Businesses Part II

LICENSE

**GOLDEN MONEY TRANSFER,** 

NAME:

**INC** 

**DBA NAME: INYO** 

**ORIGINAL** 

**DATE OF** 02/08/2010

LICENSE:

LICENSE NUMBER:

FT230000009

LICENSE

**EXPIRATION** 04/30/2025

1 of 2 6/28/2023, 12:04 PM

DATE:

LICENSE MAIN ADDRESS:

**STREET**: 45 PROSPECT STREET

STE 201

**CITY:** CAMBRIDGE

STATE: MA

**ZIP CODE:** 02139