

STATE OF NEVADA

INITIAL CERTIFICATE OF TOBACCO PRODUCT MANUFACTURER
DUE NOVEMBER 15, 2005

[Pursuant to Assembly Bill 436 adopted by the 2005 Nevada Legislature, to be codified in Chapter 370 of the Nevada Revised Statutes]

Mail this completed Initial Certificate of Compliance and attachments to:
Nevada Attorney General's Office
Tobacco Unit
Attn: Vicky T. Oldenburg, Tobacco Counsel
100 North Carson Street
Carson City, Nevada 89701*

Please Type or Print

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Complete company information below:

Company Name	
Address	
City/State/Zip/Country	
Telephone Number	Fax Number
E-Mail Address	Website
Name/Title of Person Completing Form	
Address of Manufacturing Plant(s)	
Name of Factory Manager(s)	
Phone Number of Factory Manager(s)	Fax Number of Factory Manager(s)
If located in U.S.: Manufacturer's Federal Taxpayer ID number:	
If located in US: TTB Tobacco Manufacturer Permit Number	Expires

* For purposes of Assembly Bill (AB) 436, a Certificate delivered to the Nevada Attorney General's Office is deemed delivered to the Nevada Department of Taxation.



NOTE: The State of Nevada will not process incomplete or illegible certifications.

B. The tobacco product manufacturer identified above, as of the date of this Certification, is (check one below):

- A participating manufacturer [Complete Parts 1, 2A and 5]
- A non-participating manufacturer [Complete entire form except 2A]

**PART 2: BRAND FAMILY IDENTIFICATION
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

A. Participating Manufacturers

The participating manufacturer identified in Part 1 has the following brand families, each of which the manufacturer hereby affirms are to be deemed its cigarettes for the purposes of calculating its payments under the Master Settlement Agreement, in the volume and shares determined pursuant to the Master Settlement Agreement.

Indicate with an asterisk () those brands not being sold in current year.
Attach additional sheet if necessary*

Brand Family Name	Cigarettes or RYO	Brand Family Name	Cigarettes or RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

B. Non-Participating Manufacturers

The non-participating manufacturer identified in Part 1 has the following brand families, each of which the tobacco product manufacturer affirms are to be deemed its cigarettes for purposes of Nevada Revised Statute (NRS) Chapter 370A.

List all brand families sold in the preceding calendar year and the number of units sold, and list all brand families sold in the current calendar year. Indicate by an asterisk () any brand sold in Nevada during the preceding calendar year that is no longer being sold in Nevada as of the date of this certification, and identify, by name and address, any other manufacturer of those brand families in the preceding calendar or current calendar year.*

.09 oz. of RYO constitutes one unit. Attach additional sheets if necessary



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List of Brand Families and the number of units sold in Nevada for each brand family during 2004:

Brand Family Name	Cigarettes or Roll-Your-Own	Units Sold	Previous Manufacturer (Name & Address)
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		

List of Brand Families sold in Nevada during 2005:

Brand Family Name	Cigarettes or Roll-Your-Own	Previous Manufacturer (Name & Address)
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO	

 Provide a sample of the packaging of each brand family.


PART 3: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT

A. Check one below:

- The non-participating manufacturer identified in Part 1 is registered to do business in Nevada.
- The non-participating manufacturer identified in Part 1 has appointed and continues to engage the following agent located in Nevada.

 **A current (dated this year) letter from the registered agent accepting this appointment must be attached.**

Name of Registered Agent	
Address	
City/State/Zip	
Telephone Number	Fax Number

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PART 4: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT

A. Escrow Account Information

The non-participating manufacturer identified in Part 1 has established and continues to maintain the following qualified escrow fund under NRS Chapter 370A.

Name of Financial Institution	
Address	City/State/Zip/Country
Contact Name/Title	
Telephone Number	Fax Number
Escrow Account Number	Nevada Sub-Account Number



Provide an executed copy of the Non-Participating Manufacturer’s current Escrow Agreement. Any amendments or attachment to such agreements MUST also be provided.

B. Escrow Deposit/Withdrawal History for the State of Nevada (attach additional sheets if necessary):

Withdrawals must comply with NRS Chapter 370A and verification of compliance must be provided.

Date	Deposit	Withdrawal	Balance
	Total:	Total:	Total:



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PART 5: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

An authorized officer of the tobacco product manufacturer **MUST** sign this form and check one box below. This form **MUST** be notarized.

- Under penalty of perjury, I certify that the tobacco product manufacturer named in Part 1 A, as of the date of this certification, is a participating manufacturer in full compliance with all applicable sections of NRS Chapter 370A.

This certification must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the Nevada Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct, and complete.

- Under penalty of perjury, I certify that the tobacco product manufacturer named in Part 1A, as of the date of the certification, is a non-participating manufacturer in full compliance all applicable sections of NRS Chapter 370A.

This certification must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the Nevada Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this certification, including attachments and supporting documents, is true, correct, and complete.

By signing this affidavit on behalf of the applicant company I understand that the company is required to comply with state and federal laws concerning the sale of tobacco products.

Name of Officer of Tobacco Product Manufacturer (print name) Title

Signature of Officer Date

Subscribed and sworn to this date: _____

County of: _____

Signature of Notary Public: _____

Notary Commission expires: _____



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