



STATE OF CALIFORNIA
CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY
 (Rev. & Tax. Code § 30165.1)
 JUS-TOB1 (3/04)
 Page 1 of 12

DEPARTMENT OF JUSTICE

Date of Application: _____ Initial Supplemental

PLEASE TYPE OR PRINT IN PERMANENT BLUE INK

PART I: GENERAL BUSINESS AND OWNERSHIP INFORMATION

1. Applicant Tobacco Product Manufacturer Identification

Applicant: _____

Street Address: _____

Mailing Address (if different from above): _____

Phone Number: _____ Facsimile (FAX) Number: _____

E-Mail Address: _____

Website Address: _____

Name/Title of Person Completing Certification: _____

Manufacturing Plant(s) Name and Street Address (if different from above): _____

Manufacturing Plant Phone Number: _____

Manufacturing Plant Facsimile (FAX) Number: _____

Name/Title/Phone Number of Person at Plant if different from above: _____

(Attach additional sheet(s), as necessary, to provide a complete response.)

Please attach a photograph or diagram of your manufacturing facility and indicate on the photograph or diagram where the equipment and facilities for manufacturing (i.e., fabricating) the Cigarettes, if any, are located.

2. The undersigned certifies that as of the date of this Certification, the above-named applicant is: (initial one)

_____ a Participating Manufacturer ("PM"). (If applicant is a PM, it may skip the remainder of Part I and go directly to Part II.)

_____ a Nonparticipating Tobacco Product Manufacturer ("NPM") in full compliance with California's Reserve Fund Statute (Health & Safety Code, §§ 104555-104557) and implementing regulations, including having made all required deposits into a Qualified Escrow Fund for all years beginning with year 2000 sales.

3. APPLICANT IS THE MANUFACTURER (I.E., FABRICATOR) OF THE BRANDS LISTED IN THIS CERTIFICATION WHICH ARE INTENDED TO BE SOLD IN THE UNITED STATES, INCLUDING CIGARETTES INTENDED TO BE SOLD IN THE UNITED STATES THROUGH AN IMPORTER.

Yes _____ No _____

4. APPLICANT IS THE FIRST PURCHASER ANYWHERE FOR RESALE IN THE UNITED STATES OF CIGARETTES MANUFACTURED

ANYWHERE THAT THE MANUFACTURER DOES NOT INTEND TO BE SOLD IN THE UNITED STATES.

Yes _____ No _____

IF THE ANSWER IS "YES," IDENTIFY EACH CIGARETTE MANUFACTURER (IE, FABRICATOR), ITS PLANT STREET ADDRESS, MAILING ADDRESS, CONTACT PERSON, TELEPHONE AND FACSIMILE PHONE NUMBERS, AND THE RELATIONSHIP TO APPLICANT. IDENTIFY THE LOCATION OF THE TRANSFER OF OWNERSHIP OF CIGARETTES AND A COPY OF EVERY AGREEMENT OR CONTRACT BETWEEN APPLICANT AND FABRICATOR. ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

5. APPLICANT IS A SUCCESSOR OF AN ENTITY DESCRIBED IN QUESTIONS 3 OR 4 ABOVE (I.E., MANUFACTURER OR FIRST IMPORTER).

Yes _____ No _____

6. IF APPLICANT ANSWERED "NO" TO QUESTIONS 3, 4, AND 5 ABOVE, EXPLAIN THE BASIS FOR APPLICANT'S CLAIM THAT IT IS A TOBACCO PRODUCT MANUFACTURER AS DEFINED UNDER SECTION 104556(I) OF THE HEALTH & SAFETY CODE AND SUBMIT ALL DOCUMENTATION TO SUPPORT APPLICANT'S CONTENTION. ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

7. Licenses/Permits:

a. Board of Equalization (BOE) License Number as a manufacturer or importer: _____ Please list any additional licenses obtained from the BOE and their numbers: _____ Attach copies of all current and valid licenses from the BOE.

b. U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as a manufacturer: _____ and/or as an importer: _____ Attach a copy of applicant's current permit as a manufacturer or importer pursuant to 26 USC Chapter 52, and regulations issued thereunder.

PART II: BRAND FAMILY IDENTIFICATION

1. Brand Family Identification

(PMs complete column A; NPMs complete columns A through C.)

A. BRAND FAMILY (INDICATE WITH AN ASTERISK (*) THOSE BRANDS THAT WILL NOT BE SOLD IN APPLICATION YEAR)	B. UNITS SOLD IN PRECEDING CALENDAR YEAR	C. MANUFACTURER OF BRANDS LISTED (INCLUDE COMPLETE ADDRESS INFORMATION)

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE. ATTACH SAMPLES OF THE ACTUAL PACKAGING AND LABELING FOR EACH BRAND OF CIGARETTES THAT APPLICANT INTENDS TO SELL IN CALIFORNIA. ALSO SUBMIT, ON CD OR DVD, A COLOR PHOTOGRAPH IN ADOBE 6.0 (.PDF) SOFTWARE, OF THE PACKAGING AND LABELING. FINALLY, FOR EACH BRAND FAMILY, ATTACH COPIES OF YOUR WRITTEN CERTIFICATION OF COMPLIANCE WITH THE CALIFORNIA CIGARETTE FIRE SAFETY AND FIREFIGHTER PROTECTION ACT, WHICH YOU FILED WITH THE STATE FIRE MARSHAL. (H & S CODE §§14951(A))

2. Trademark Holder(s)

(If applicant is a PM, it may skip Question 2 and go directly to DECLARATION, ACKNOWLEDGMENT AND SIGNATURE, page 12.) Provide the name, address, and phone number of the trademark holder(s) of each brand listed above.

Brand	TRADEMARK HOLDER AND CONTACT PERSON	Physical Address	Phone

Attach additional sheet(s), as necessary, to provide a complete response.

PART III: ADDITIONAL BUSINESS INFORMATION

1. Organizational Documents to Be Attached (See Instructions for list of documents required by this question)

2. Company Officers & Owners

COMPLETE THE TABLE BY LISTING ALL COMPANY OFFICERS AND COMPANY OWNERS (ALL PERSONS WITH AN EQUITY INTEREST OF 10%

OR MORE IN APPLICANT COMPANY.) ATTACH ADDITIONAL SHEET(S), AS NEEDED, TO PROVIDE A COMPLETE RESPONSE.

1. CHECK APPROPRIATE TITLE	<input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other	<input type="checkbox"/> Vice Pres. <input type="checkbox"/> Partner <input type="checkbox"/> Other	<input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Other	<input type="checkbox"/> Treasurer <input type="checkbox"/> Partner <input type="checkbox"/> Other
2. Full Name (first, middle, last)				
3. Street Address				
4. Telephone #/ Facsimile #				
5. Date and place of birth				
6. E-mail address				

3. Affiliates (see Instructions for further information)

Attach additional sheet(s), as necessary, to provide a complete response.

Brand Family	Affiliate: Name	Type of Business	Affiliate: Street Address

4. Applicant Information

Please indicate whether the following statements describe applicant by checking either yes or no after the statement:

- a. Applicant sold Cigarettes in California in the preceding calendar year; Yes No
- b. Applicant made escrow deposits pursuant to California's Reserve Fund Statute (Health & Saf. Code, §§ 104555-104557) in the preceding calendar year. Yes No
- c. Applicant sold in the preceding calendar year one or more of the Brand Families listed in this Certification. Yes No
- d. Applicant made escrow deposits in the preceding calendar year pursuant to California's Reserve Fund Statute for one or more of the Brand Families listed in this Certification. Yes No
- e. There has been a change in manufacturer (i.e., fabricator) of one or more of the Brand Families listed in this Certification within the past two calendar years. Yes No
- f. Applicant advertises or sells Cigarettes via the internet or in catalogs and uses the mail or other delivery service to deliver Cigarettes to California consumers. Yes No
- g. Applicant failed to timely comply with the Reserve Fund Statute prior to the establishment of the Directory, or at any time thereafter. Yes No

- h. Applicant or one of its Brand Families listed in this Certification was previously denied listing on the Directory or was removed from the Directory. Yes No
- i. Applicant is enjoined or banned from selling any Cigarettes by court order, state or federal agency ruling or determination. Yes No
- j. A Brand Family formerly sold by applicant or a Brand Family that applicant intends to sell is enjoined from sale by a state court, state agency or a federal court. Yes No
- k. A state or federal court has entered a judgment finding that applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products. Yes No
- l. Applicant sold more than 1,600,000 Cigarettes in California during any quarter year after January 1, 2000. Yes No
- m. Applicant failed to timely file any completed form or document required by the Reserve Fund Statute or Revenue & Taxation Code §30165.1 and implementing regulations. Yes No

PART IV: MARKETING AND DISTRIBUTION INFORMATION

1. Tobacco Products Reclassified as Cigarette or RYO Tobacco

List all tobacco products sold by applicant that have been reclassified within the last two years as Cigarettes or as roll-your-own (RYO) tobacco by a federal agency, state or local government.

Brand Name of Reclassified Tobacco Product	Name of federal, state or local governmental entity that reclassified the tobacco product as a cigarette or RYO tobacco	Government Entity's Street Address	Date of Reclassification

Attach additional sheet(s), as necessary, to provide a complete response.

2. Distributors, Wholesalers And Retailers

For each brand that applicant intends to sell, list the name and address of every California distributor, wholesaler, or retailer which

purchased or handled ten percent or more of applicant's gross Cigarette sales for that brand in California in the last calendar year.

DISTRIBUTORS

Brand Family	Distributor	Street Address	Phone Number

Attach additional sheet(s), as necessary, to provide a complete response.

WHOLESALERS

Brand Family	Wholesaler	Street Address	Phone Number

Attach additional sheet(s), as necessary, to provide a complete response.

RETAILERS

Brand Family	Retailer	Street Address	Phone Number

Attach additional sheet(s), as necessary, to provide a complete response.

3. Agreements with Participating Manufacturers (See Instructions)

Brand Family	Participating Manufacturer	Address	Phone Number

Nature of Agreement(s): _____

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

4. Agreements Regarding Compliance with the MSA (See Instructions)

Brand Family	Name	Address

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

5. Agreements Regarding Compliance with the Reserve Fund Statute (See Instructions)

Brand	Name	Address

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

PART V. MANUFACTURING AND COMPLIANCE INFORMATION

1. Manufacturer(s)

For each Brand Family, list the name and address of the manufacturer (i.e., fabricator) of the Cigarettes, if other than applicant. Include all company names and addresses used by the manufacturer(s) in making Cigarettes for sale in the United States.

Brand	Manufacturer (ie., fabricator)	Street Address

Attach additional sheet(s), as necessary, to provide a complete response.

2. Health Warning Rotation Plan

For each Brand Family, list the name and address of the entity which filed a Cigarette health warning rotation plan with the Federal Trade Commission before the Cigarettes were distributed into the United States.

Brand	Filer	Street Address

For each brand, attach the Federal Trade Commission's written approval of applicant's annual Cigarette Health Warning rotation plan. Attach additional sheet(s), as necessary, to provide a complete response.

3. Ingredient Reporting

For each Brand Family, list the name and address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

Brand	Submitter	Street Address

Attach copies of all certificates of compliance received from the U.S. Health and Human Services for applicant's annual ingredient reporting required by the Federal Cigarette Labeling and Advertising Act. (15 U.S.C. § 1335a). Attach additional sheet(s), as necessary, to provide a complete response.

4. Cigarette Packaging

For each Brand Family, list the name and address of the person, company, or entity that placed the Cigarettes into packages with the U.S. Surgeon General's warnings.

Brand	Packager	Street Address

Attach additional sheet(s), as necessary, to provide a complete response.

5. Internet or Mail Order Sales (See Instructions)

- a. Websites: _____
- _____
- b. Physical Address: _____
- _____
- c. Total Sales in California for the Previous Year: _____
- _____

Attach additional sheet(s), as necessary, to provide a complete response. (Attach copies of the Jenkins Act reports filed with the California Board of Equalization, as specified in the Instructions.)

1. Enforcement Actions Banning or Enjoining Sales

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 had any of its Cigarettes banned or enjoined from sale by any state or federal court or administrative agency within the U.S. jurisdiction? For every such action banning or enjoining sales, list:

- (a) the Brand Family (ies) banned and/or enjoined;
- (b) the governmental entity (federal, state, local or foreign) or private plaintiff bringing the action;
- (c) the case number;
- (d) the name and address of the government attorney or official or private plaintiff bringing the action.

Yes, the details of each occurrence are attached to this Certification. Not Applicable

2. Denials, Suspensions, Revocations of Permits or Licenses

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been denied a permit, license, or been denied any other authorization to engage in any business relating to the sale of Cigarettes by any government entity (federal, state, local or foreign) or had such permit, license or other authorization revoked, suspended, or otherwise terminated? For every such denial, suspension or revocation of a permit, license or other authorization, list:

- (a) the name of the applicant or other Person or Affiliate that had such permit, license or other authorization revoked, suspended or otherwise terminated;
- (b) the governmental entity (federal, state, local or foreign) that denied, suspended, or revoked such permit, license, or other authorization;
- (c) the case number, if any;
- (d) the name and address of the government attorney or official or private plaintiff bringing the action.

Yes, the details of each occurrence are attached to this Certification. Not Applicable

3. Convictions

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been convicted of any crime under federal, state or foreign laws in connection with the sale of Cigarettes? For every such conviction, list:

- (a) the name of the applicant or other Person or Affiliate convicted;
- (b) the governmental entity (federal, state, local or foreign) that prosecuted applicant or other Person or Affiliate;
- (c) the case number;
- (d) the name and address of the government attorney or official that prosecuted applicant or other Person or Affiliate

Yes, the details of each occurrence are attached to this Certification. Not Applicable

4. Denial of Listing

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been denied listing on any state directory, which is similar to the subject of this Certification? For every such denial, list:

- (a) the name of the applicant or other Person or Affiliate denied listing on a state directory;
- (b) the Tobacco Product Manufacturer and/or Brand Family(ies) denied listing; and
- (c) the state which denied listing.

Yes, the details of each occurrence are attached to this Certification. Not Applicable

5. Reserve Fund Statute Compliance

Has any Person listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4, been involved as an officer or owner of any other tobacco company or Affiliate which has not made its escrow deposits as a Nonparticipating Manufacturer under a state reserve fund statute? For every such occurrence, list:

- (a) the name of the applicant or other Person or Affiliate which has not satisfied its NPM reserve fund obligations;
- (b) the Brand Families for which there was a failure to comply; and
- (c) the amounts of any escrow deposits that are still owed.

Yes, the details of each occurrence are attached to this Certification. Not Applicable

PART VII: IMPORTED CIGARETTES - DOCUMENTATION & VERIFICATION

1. U.S. Customs Documents

If the Cigarettes applicant sells or intends to sell are not made in the United States, provide the documents listed in a-c:

- a. A copy of the sworn statement(s) of the original manufacturer that it will timely submit ingredients to the Secretary of Health and Human Services as required by 19 USC 1681a(c)(1).
- b. A copy of the importer's certificate(s) under penalty of perjury as required by 19 USC 1681a(c)(2) regarding the precise format of warnings and the rotation plan for health warnings.
- c. A copy of the trademark holder's certificate(s) under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 USC 1681a(c)(3)(A) **OR** a copy of the importer's certificate(s) under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 USC 1681a(c)(3)(B).

PART VIII: NPM APPLICANT CERTIFICATION

1. AGENT FOR SERVICE OF PROCESS

- a. Is applicant domiciled in the State of California? Yes No
- b. Is applicant a non-resident or foreign NPM that has registered to do business in California as a foreign corporation or business entity? Yes No
- c. If applicant answered "no" to questions "a" and "b" above, applicant must appoint a resident agent for service of process by submitting a completed **NOTICE OF APPOINTMENT OF REGISTERED AGENT AND REGISTERED AGENT'S STATEMENT (JUS-TOB2)**.

2. QUALIFIED ESCROW FUND-FINANCIAL INSTITUTION

Applicant certifies that of the date of this Certification, applicant:

- a. Has established and continues to maintain a Qualified Escrow Fund. Yes No
- b. Has executed a Qualified Escrow Agreement that has been reviewed and approved by the Attorney General for the State of California and that governs that Qualified Escrow Fund for the State of California. Yes No

(Note: The NPM must certify satisfaction of both of the above-referenced requirements regarding the Qualified Escrow Fund to be eligible for the Directory. A Qualified Escrow fund is created only by using the California Model Escrow Agreement (JUS-TOB6). (11 Cal. Code Regs. §§ 999.13.) California's Model Escrow Agreement is available on the Attorney General's website at <http://caag.state.ca.us/tobacco>

3. QUALIFIED ESCROW FUND DEPOSIT/WITHDRAWAL HISTORY FOR CALIFORNIA

DATE	DEPOSIT	WITHDRAWAL	BALANCE
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Attach additional sheet(s), as necessary, to provide a complete response.

NOTE: This Certification will not be processed or considered until all the required documents are submitted.

DECLARATION, ACKNOWLEDGMENT AND SIGNATURE

Under penalty of criminal prosecution under the laws of California, I declare and acknowledge that:

1. I have read the Instructions for this Certification for Listing on California Directory.
2. I understand that the Attorney General may require additional information and/or documentation to determine if applicant is qualified for listing on the California Directory.
3. Applicant will immediately notify the Tobacco Litigation and Enforcement Section in the Attorney General's Office (Office of the Attorney General for the State of California, Tobacco Litigation Enforcement Section, P.O. Box 944255, Sacramento, CA 94244-2550) if any information on this Certification changes, before the Attorney General approves the Certification.
4. California regulations require that this Certification be signed by a qualified company officer or other such individual authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of applicant meets the foregoing requirements.
5. 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.

Name of Authorized Officer: _____
Title: _____ E-
mail address: _____
Telephone: _____
Signature of Authorized Officer: _____ Date: _____

STATE OF _____)
COUNTY OF _____)
COUNTRY OF _____)

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____
My Commission expires: _____

This Certification must be filed with the Attorney General's Office:

Mailing Address:

Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
P. O. Box 944255
Sacramento, CA 94244-2550

Street Address:

Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
1300 I Street, Suite 125
Sacramento, CA 95814

OR



CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY (REV. & TAX. CODE SEC. 30165.1)

DATE OF APPLICATION: _____ INITIAL SUPPLEMENTAL

PLEASE TYPE OR FILL OUT IN PERMANENT BLUE INK

PART I: GENERAL BUSINESS AND OWNERSHIP INFORMATION

1. APPLICANT TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

APPLICANT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

PHONE NUMBER: _____ FACSIMILE (FAX) NUMBER: _____

E-MAIL ADDRESS: _____ WEBSITE ADDRESS: _____

NAME/TITLE OF PERSON COMPLETING CERTIFICATION: _____

MANUFACTURING PLANT(S) NAME AND ADDRESS IF DIFFERENT FROM ABOVE:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

MANUFACTURING PLANT PHONE NUMBER: _____ MANUFACTURING PLANT FACSIMILE (FAX) NUMBER: _____

NAME/TITLE/PHONE NUMBER OF PERSON AT PLANT IF DIFFERENT FROM ABOVE:

(ATTACH ADDITIONAL SHEET(S), IF NECESSARY, TO PROVIDE COMPLETE RESPONSE.)

PLEASE ATTACH A PHOTOGRAPH OR DIAGRAM OF YOUR MANUFACTURING FACILITY AND INDICATE ON THE PHOTOGRAPH OR DIAGRAM WHERE THE EQUIPMENT AND FACILITIES FOR MANUFACTURING (I.E. FABRICATING) THE CIGARETTES, IF ANY, ARE LOCATED.

**2. THE UNDERSIGNED CERTIFIES THAT AS OF THE DATE OF THIS CERTIFICATION, THE ABOVE-MENTIONED APPLICANT IS:
(INITIAL ONE)**

A PARTICIPATING MEMBER ("PM"). IF APPLICANT IS A PM, IT MAY SKIP THE REMAINDER OF PART I AND GO DIRECTLY TO PART II.)

A NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER ("NPM") IN FULL COMPLIANCE WITH CALIFORNIA'S RESERVE FUND STATUTE (HEALTH & SAFETY CODE SECTIONS 104555-104557) AND IMPLEMENTING REGULATIONS, INCLUDING HAVING MADE ALL REQUIRED DEPOSITS INTO A QUALIFIED ESCROW FUND FOR ALL YEARS BEGINNING WITH YEAR 2000 SALES.

3. APPLICANT IS THE MANUFACTURER (I.E., FABRICATOR) OF THE BRANDS LISTED IN THIS CERTIFICATION WHICH ARE INTENDED TO BE SOLD IN THE UNITED STATES, INCLUDING CIGARETTES INTENDED TO BE SOLD IN THE UNITED STATES THROUGH AN IMPORTER.

YES NO

AMENDED

**CERTIFICATION FOR LISTING ON CALIFORNIA
DIRECTORY (REV. & TAX. CODE SEC. 30165.1)**

1. BRAND FAMILY IDENTIFICATION (PMs COMPLETE COLUMN A; NPMs COMPLETE COLUMN A THROUGH C.) CONT'D.

A. BRAND FAMILY (INDICATE WITH AN ASTERISK (*) THOSE BRANDS THAT WILL NOT BE SOLD IN APPLICATION YEAR)	B. UNITS SOLD IN PRECEDING CALENDAR YEAR	C. MANUFACTURER OF BRANDS LISTED (INCLUDE COMPLETE ADDRESS INFORMATION)

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.
ATTACH SAMPLES OF THE ACTUAL PACKAGING AND LABELING OF CARTONS AND PACKS FOR EACH BRAND STYLE OF CIGARETTES THAT APPLICANT INTENDS TO SELL IN CALIFORNIA. ALSO SUBMIT, ON CD OR DVD, A COLOR PHOTOGRAPH IN ADOBE 6.0 (.PDF) SOFTWARE, OF THE PACKAGING AND LABELING. FINALLY, FOR EACH BRAND FAMILY, ATTACH COPIES OF YOUR WRITTEN CERTIFICATION OF COMPLIANCE WITH THE CALIFORNIA CIGARETTE FIRE SAFETY AND FIREFIGHTER PROTECTION ACT, WHICH YOU FILED WITH THE STATE FIRE MARSHAL. (H&S CODE §§14951(A))

2. TRADEMARK HOLDER(S) (IF APPLICANT IS A PM, IT MAY SKIP QUESTION 2 AND GO DIRECTLY TO DECLARATION, ACKNOWLEDGEMENT AND SIGNATURE PAGE 12.) PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF THE TRADEMARK HOLDER(S) OF EACH BRAND LISTED ABOVE.

BRAND	TRADEMARK HOLDER AND CONTACT PERSON	PHYSICAL ADDRESS	PHONE

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

AMENDED

PART III: ADDITIONAL BUSINESS INFORMATION

1. ORGANIZATIONAL DOCUMENTS TO BE ATTACHED (SEE INSTRUCTIONS FOR LIST OF DOCUMENTS REQUIRED BY THIS QUESTION.)

2. COMPANY OFFICERS AND OWNERS
COMPLETE THE TABLE BY LISTING ALL COMPANY OFFICERS AND COMPANY OWNERS (ALL PERSONS WITH AN EQUITY INTEREST OF 10% OR MORE IN APPLICANT COMPANY.) ATTACH ADDITIONAL SHEET(S), AS NEEDED, TO PROVIDE A COMPLETE RESPONSE.

1. CHECK APPROPRIATE TITLE	<input type="checkbox"/> PRESIDENT <input type="checkbox"/> PARTNER OTHER	<input type="checkbox"/> VICE PRES. <input type="checkbox"/> PARTNER OTHER	<input type="checkbox"/> SECRETARY <input type="checkbox"/> PARTNER OTHER	<input type="checkbox"/> TREASURER <input type="checkbox"/> PARTNER OTHER
2. FULL NAME (first, mid, last)				
3. STREET ADDRESS				
4. TELEPHONE # FACSIMILE #				
5. DATE & PLACE OF BIRTH				
6. E-MAIL ADDRESS				

**CERTIFICATION FOR LISTING ON CALIFORNIA
DIRECTORY (REV. & TAX. CODE SEC. 30165.1)**

3. **AFFILIATES INFORMATION (SEE INSTRUCTIONS FOR FURTHER INFORMATION)**
ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE)

BRAND FAMILY	AFFILIATE: NAME	TYPE OF BUSINESS	AFFILIATE: STREET ADDRESS

4. **APPLICANT INFORMATION**
PLEASE INDICATE WHETHER THE FOLLOWING STATEMENTS DESCRIBE APPLICANT BY CHECKING EITHER YES OR NO AFTER THE STATEMENT

- a. APPLICANT SOLD CIGARETTES IN CALIFORNIA IN THE PRECEDING YEAR: YES NO
- b. APPLICANT MADE ESCROW DEPOSITS PURSUANT TO CALIFORNIA'S RESERVE FUND STATUTE (HEALTH & SAFETY CODE, SECTIONS 104555-104557) IN THE PRECEDING YEAR: YES NO
- c. APPLICANT SOLD IN THE PRECEDING CALENDAR YEAR ONE OR MORE OF THE BRAND FAMILIES LISTED IN THIS CERTIFICATION: YES NO
- d. APPLICANT MADE ESCROW DEPOSITS IN THE PRECEDING CALENDAR YEAR PURSUANT TO CALIFORNIA'S RESERVE FUND STATUTE FOR ONE OR MORE OF THE BRAND FAMILIES LISTED IN THIS CERTIFICATION: YES NO
- e. THERE HAS BEEN A CHANGE IN MANUFACTURER (i.e. FABRICATOR) OR ONE OR MORE OF THE BRAND FAMILIES LISTED IN THIS CERTIFICATION WITHIN THE PAST TWO CALENDAR YEARS: YES NO
- f. APPLICANT ADVERTISES OR SELLS CIGARETTES VIA THE INTERNET OR IN CATALOGS AND USES THE MAIL OR OTHER DELIVERY SERVICE TO DELIVER CIGARETTES TO CALIFORNIA CONSUMERS: YES NO
- g. APPLICANT FAILED TO TIMELY COMPLY WITH THE RESERVE FUND STATUTE PRIOR TO THE ESTABLISHMENT OF THE DIRECTORY, OR AT ANY TIME THEREAFTER: YES NO
- h. APPLICANT OR ONE OF ITS BRAND FAMILIES LISTED IN THIS CERTIFICATION WAS PREVIOUSLY DENIED LISTING ON THE DIRECTORY OR WAS REMOVED FROM THE DIRECTORY: YES NO
- i. APPLICANT IS ENJOINED OR BANNED FROM SELLING ANY CIGARETTES BY COURT ORDER, STATE OR FEDERAL AGENCY RULING OR DETERMINATION: YES NO
- j. A BRAND FAMILY FORMERLY SOLD BY APPLICANT OR A BRAND FAMILY THAT APPLICANT INTENDED TO SELL IS ENJOINED FROM SALE BY A STATE COURT, STATE AGENCY OR A FEDERAL COURT: YES NO
- k. A STATE OR FEDERAL COURT HAS ENTERED A JUDGMENT FINDING THAT APPLICANT ENGAGED IN AN UNFAIR BUSINESS PRACTICE OR UNFAIR COMPETITION RELATING TO THE SALE OF TOBACCO PRODUCTS. YES NO
- l. APPLICANT SOLD MORE THAN 1,600,000 CIGARETTES IN CALIFORNIA DURING ANY QUARTER YEAR AFTER JANUARY 1, 2000. YES NO
- m. APPLICANT FAILED TO TIMELY FILE ANY COMPLETED FORM OR DOCUMENT REQUIRED BY THE RESERVE FUND STATUTE OR REVENUE & TAXATION CODE SECTION 30165.1 AND IMPLEMENTING REGULATIONS: YES NO

AMENDED

**CERTIFICATION FOR LISTING ON CALIFORNIA
DIRECTORY (REV. & TAX. CODE SEC. 30165.1)**

PART IV: MARKETING AND DISTRIBUTION INFORMATION

1. TOBACCO PRODUCTS RECLASSIFIED AS CIGARETTE OR RYO TOBACCO
LIST ALL TOBACCO PRODUCTS SOLD BY APPLICANT THAT HAVE BEEN RECLASSIFIED WITHIN THE LAST TWO YEARS AS CIGARETTES OR AS ROLL-YOUR-OWN (RYO) TOBACCO BY A FEDERAL AGENCY, STATE OR LOCAL GOVERNMENT.

BRAND NAME OF RECLASSIFIED TOBACCO PRODUCT	NAME OF FEDERAL, STATE OR LOCAL GOVERNMENTAL ENTITY THAT RECLASSIFIED THE TOBACCO PRODUCT AS A CIGARETTE OR RYO TOBACCO	GOVERNMENT ENTITY'S STREET ADDRESS	DATE OF RECLASSIFICATION

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

DISTRIBUTORS, WHOLESALERS AND RETAILERS
FOR EACH BRAND THAT APPLICANT INTENDS TO SELL, LIST THE NAME AND ADDRESS OF EVERY CALIFORNIA DISTRIBUTOR, WHOLESALER, OR RETAILER WHICH PURCHASED OR HANDLED TEN PERCENT OR MORE OF APPLICANT'S GROSS CIGARETTE SALES FOR THAT BRAND IN CALIFORNIA IN THE LAST CALENDAR YEAR.

DISTRIBUTORS

BRAND FAMILY	DISTRIBUTOR	STREET ADDRESS	PHONE NUMBER

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

WHOLESALER

BRAND FAMILY	WHOLESALER	STREET ADDRESS	PHONE NUMBER

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

APPROVED

**CERTIFICATION FOR LISTING ON CALIFORNIA
 DIRECTORY (REV. & TAX. CODE SEC. 30165.1)**

RETAILERS

BRAND FAMILY	RETAILER	STREET ADDRESS	PHONE NUMBER

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

3. AGREEMENTS WITH PARTICIPATING MANUFACTURERS (See Instructions)

BRAND FAMILY	PARTICIPATING MANUFACTURER	STREET ADDRESS	PHONE NUMBER

NATURE OF AGREEMENT(S):

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

4. AGREEMENTS REGARDING COMPLIANCE WITH THE MSA (See Instructions)

BRAND FAMILY	NAME	ADDRESS

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

AMENDED

**CERTIFICATION FOR LISTING ON CALIFORNIA
 DIRECTORY (REV. & TAX. CODE SEC. 30165.1)**

5. AGREEMENTS REGARDING COMPLIANCE WITH THE RESERVE FUND STATUTE (See Instructions)

BRAND FAMILY	NAME	ADDRESS

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

PART IV: MARKETING AND COMPLIANCE INFORMATION

1. MANUFACTURER(S)

FOR EACH BRAND FAMILY, LIST THE NAME AND ADDRESS OF THE MANUFACTURER (I.E., FABRICATOR) OF THE CIGARETTES, IF OTHER THAN APPLICANT. INCLUDE ALL COMPANY NAMES AND ADDRESSES USED BY THE MANUFACTURER(S) IN MAKING CIGARETTES FOR SALE IN THE UNITED STATES.

BRAND FAMILY	MANUFACTURER (I.E. FABRICATOR)	ADDRESS

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

2. HEALTH WARNING ROTATION PLAN

FOR EACH BRAND FAMILY, LIST THE NAME AND ADDRESS OF THE ENTITY WHICH FILED A CIGARETTE HEALTH WARNING ROTATION PLAN WITH THE FEDERAL TRADE COMMISSION BEFORE THE CIGARETTES WERE DISTRIBUTED INTO THE UNITED STATES.

BRAND	FILER	STREET ADDRESS

FOR EACH BRAND, ATTACH THE FEDERAL TRADE COMMISSION'S WRITTEN APPROVAL OF APPLICANT'S ANNUAL CIGARETTE HEALTH WARNING ROTATION PLAN. ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY (REV. & TAX. CODE SEC. 30165.1)

3. INGREDIENT REPORTING

FOR EACH BRAND FAMILY, LIST THE NAME AND ADDRESS OF THE ENTITY WHICH SUBMITTED THE INGREDIENT REPORTING INFORMATION TO THE U.S. SECRETARY OF HEALTH AND HUMAN SERVICES AS REQUIRED BY THE FEDERAL CIGARETTE LABELING AND ADVERTISING ACT.

BRAND	SUBMITTER	STREET ADDRESS

ATTACH COPIES OF ALL CERTIFICATES OF COMPLIANCE RECEIVED FROM THE U.S. HEALTH AND HUMAN SERVICES FOR APPLICANT'S ANNUAL INGREDIENT REPORTING REQUIRED BY THE FEDERAL CIGARETTE LABELING AND ADVERTISING ACT (15 U.S.C. § 1335A). ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

4. CIGARETTE PACKAGING

FOR EACH BRAND FAMILY, LIST THE NAME AND ADDRESS OF THE PERSON, COMPANY, OR ENTITY THAT PLACED THE CIGARETTES INTO PACKAGES WITH THE U.S. SURGEON GENERAL'S WARNINGS.

BRAND	PACKAGER	STREET ADDRESS

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

5. INTERNET OR MAIL ORDER SALES (SEE INSTRUCTIONS)

a. WEBSITES:

b. PHYSICAL ADDRESS:

c. TOTAL SALES IN CALIFORNIA FOR THE PREVIOUS YEAR:

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.
(ATTACH COPIES OF THE JENKINS ACT REPORTS FILED WITH THE CALIFORNIA BOARD OF EQUALIZATION, AS SPECIFIED IN THE INSTRUCTIONS)

CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY (REV. & TAX. CODE SEC. 30165.1)

PART VI: DISCLOSURE OF ENFORCEMENT ACTIONS AND PRIOR DETERMINATIONS AFFECTING SALES TO DISTRIBUTORS

1. ENFORCEMENT ACTIONS BANNING OR ENJOINING SALES

HAS APPLICANT OR ANY PERSON OR AFFILIATE LISTED IN APPLICANT'S RESPONSES TO PART II, QUESTION 2 AND PART III, QUESTIONS 2, 3, AND 4 HAD ANY OF ITS CIGARETTES BANNED OR ENJOINED FROM SALE BY ANY STATE OR FEDERAL COURT OR ADMINISTRATIVE AGENCY WITHIN THE U.S. JURISDICTION? FOR EVERY SUCH ACTION BANNING OR ENJOINING SALES, LIST:

- (a) THE BRAND FAMILY (IES) BANNED AND/OR ENJOINED;
- (b) THE GOVERNMENTAL ENTITY (FEDERAL, STATE, LOCAL OR FOREIGN) OR PRIVATE PLAINTIFF BRINGING THE ACTION;
- (c) THE CASE NUMBER;
- (d) THE NAME AND ADDRESS OF THE GOVERNMENT ATTORNEY OR OFFICIAL OR PRIVATE PLAINTIFF BRINGING THE ACTION.

YES, THE DETAILS OF EACH OCCURANCE ARE ATTACHED TO THIS CERTIFICATION NOT APPLICABLE

2. DENIALS, SUSPENSIONS, REVOCATIONS OF PERMITS OR LICENSES

HAS APPLICANT OR ANY PERSON OR AFFILIATE LISTED IN APPLICANT'S RESPONSES TO PART II, QUESTION 2 AND PART III, QUESTIONS 2, 3, AND 4 BEEN DENIED A PERMIT, LICENSE, OR BEEN DENIED ANY OTHER AUTHORIZATION TO ENGAGE IN ANY BUSINESS RELATING TO THE SALE OF CIGARETTES BY ANY GOVERNMENT ENTITY (FEDERAL, STATE, LOCAL OR FOREIGN) OR HAD SUCH PERMIT, LICENSE OR OTHER AUTHORIZATION REVOKED, SUSPENDED, OR OTHERWISE TERMINATED? FOR EVERY SUCH DENIAL, SUSPENSION OR REVOCATION OF A PERMIT, LICENSE OR OTHER AUTHORIZATION, LIST:

- (a) THE NAME OF THE APPLICANT OR OTHER PERSON OR AFFILIATE THAT HAD SUCH PERMIT, LICENSE OR OTHER AUTHORIZATION REVOKED, SUSPENDED OR OTHERWISE TERMINATED;
- (b) THE GOVERNMENTAL ENTITY (FEDERAL, STATE, LOCAL OR FOREIGN) THAT DENIED, SUSPENDED, OR REVOKED SUCH PERMIT, LICENSE, OR OTHER AUTHORIZATION;
- (c) THE CASE NUMBER, IF ANY;
- (d) THE NAME AND ADDRESS OF THE GOVERNMENT ATTORNEY OR OFFICIAL OR PRIVATE PLAINTIFF BRINGING THE ACTION.

YES, THE DETAILS OF EACH OCCURANCE ARE ATTACHED TO THIS CERTIFICATION NOT APPLICABLE

3. CONVICTIONS

HAS APPLICANT OR ANY PERSON OR AFFILIATE LISTED IN APPLICANT'S RESPONSES TO PART II, QUESTION 2 AND PART III, QUESTIONS 2, 3, AND 4 BEEN CONVICTED OF ANY CRIME UNDER FEDERAL, STATE OR FOREIGN LAWS IN CONNECTION WITH THE SALE OF CIGARETTES? FOR EVERY SUCH CONVICTION, LIST:

- (a) THE NAME OF THE APPLICANT OR OTHER PERSON OR AFFILIATE CONVICTED;
- (b) THE GOVERNMENTAL ENTITY (FEDERAL, STATE, LOCAL OR FOREIGN) THAT PROSECUTED APPLICANT OR OTHER PERSON OR AFFILIATE;
- (c) THE CASE NUMBER;
- (d) THE NAME AND ADDRESS OF THE GOVERNMENT ATTORNEY OR OFFICIAL THAT PROSECUTED APPLICANT OR OTHER PERSON OR AFFILIATE

YES, THE DETAILS OF EACH OCCURANCE ARE ATTACHED TO THIS CERTIFICATION NOT APPLICABLE

4. DENIAL OF LISTING

HAS APPLICANT OR ANY PERSON OR AFFILIATE LISTED IN APPLICANT'S RESPONSES TO PART II, QUESTION 2 AND PART III, QUESTIONS 2, 3, AND 4 BEEN DENIED LISTING ON ANY STATE DIRECTORY, WHICH IS SIMILAR TO THE SUBJECT OF THIS CERTIFICATION? FOR EVERY SUCH DENIAL, LIST:

- (a) THE NAME OF THE APPLICANT OR OTHER PERSON OR AFFILIATE DENIED LISTING ON A STATE DIRECTORY;
- (b) THE TOBACCO PRODUCT MANUFACTURER AND/OR BRAND FAMILY(IES) DENIED LISTING; AND
- (c) THE STATE WHICH DENIED LISTING.

YES, THE DETAILS OF EACH OCCURANCE ARE ATTACHED TO THIS CERTIFICATION NOT APPLICABLE

5. RESERVE FUND STATUTE COMPLIANCE

HAS ANY PERSON LISTED IN APPLICANT'S RESPONSES TO PART II, QUESTION 2 AND PART III, QUESTIONS 2, 3, AND 4, BEEN INVOLVED AS AN OFFICER OR OWNER OF ANY OTHER TOBACCO COMPANY OR AFFILIATE WHICH HAS NOT MADE ITS ESCROW DEPOSITS AS A NONPARTICIPATING MANUFACTURER UNDER A STATE RESERVE FUND STATUTE? FOR EVERY SUCH OCCURRENCE, LIST:

- (a) THE NAME OF THE APPLICANT OR OTHER PERSON OR AFFILIATE WHICH HAS NOT SATISFIED ITS NPM RESERVE FUND OBLIGATIONS;
- (b) THE BRAND FAMILIES FOR WHICH THERE WAS A FAILURE TO COMPLY; AND
- (c) THE AMOUNTS OF ANY ESCROW DEPOSITS THAT ARE STILL OWED.

YES, THE DETAILS OF EACH OCCURANCE ARE ATTACHED TO THIS CERTIFICATION NOT APPLICABLE

**CERTIFICATION FOR LISTING ON CALIFORNIA
DIRECTORY (REV. & TAX. CODE SEC. 30165.1)**

PART VII. IMPORTED CIGARETTES - DOCUMENTATION & VERIFICATION

1. U.S. CUSTOMS DOCUMENTS

IF THE CIGARETTES APPLICANT SELLS OR INTENDS TO SELL ARE NOT MADE IN THE UNITED STATES, PROVIDE THE DOCUMENTS LISTED IN A-C:

- a. A COPY OF THE SWORN STATEMENT(S) OF THE ORIGINAL MANUFACTURER THAT IT WILL TIMELY SUBMIT INGREDIENTS TO THE SECRETARY OF HEALTH AND HUMAN SERVICES AS REQUIRED BY 19 USC 1681A(C)(1).
- b. A COPY OF THE IMPORTER'S CERTIFICATE(S) UNDER PENALTY OF PERJURY AS REQUIRED BY 19 USC 1681A(C)(2) REGARDING THE PRECISE FORMAT OF WARNINGS AND THE ROTATION PLAN FOR HEALTH WARNINGS.
- c. A COPY OF THE TRADEMARK HOLDER'S CERTIFICATE(S) UNDER PENALTY OF PERJURY THAT IT HAS NOT WITHDRAWN CONSENT TO IMPORT INTO THE UNITED STATES AS REQUIRED BY 19 USC 1681A(C)(3)(A) OR A COPY OF THE IMPORTER'S CERTIFICATE(S) UNDER PENALTY OF PERJURY THAT THE TRADEMARK OWNER HAS NOT WITHDRAWN CONSENT TO IMPORT INTO THE UNITED STATES AS REQUIRED BY 19 USC 1681A(C)(3)(B).

PART VIII. NPM APPLICANT CERTIFICATION

1. AGENT FOR SERVICE OF PROCESS

- a. IS APPLICANT DOMICILED IN THE STATE OF CALIFORNIA? YES NO
- b. IS APPLICANT A NON-RESIDENT OR FOREIGN NPM THAT HAS REGISTERED TO DO BUSINESS IN CALIFORNIA AS A FOREIGN CORPORATION OR BUSINESS ENTITY? YES NO
- c. IF APPLICANT ANSWERED "NO" TO QUESTIONS "A" AND "B" ABOVE, APPLICANT MUST APPOINT A RESIDENT AGENT FOR SERVICE OF PROCESS BY SUBMITTING A COMPLETED NOTICE OF APPOINTMENT OF REGISTERED AGENT AND REGISTERED AGENT'S STATEMENT (JUS-TOB2). YES NO

2. QUALIFIED ESCROW FUND-FINANCIAL INSTITUTION

APPLICANT CERTIFIES THAT OF THE DATE OF THIS CERTIFICATION, APPLICANT:

- a. HAS ESTABLISHED AND CONTINUES TO MAINTAIN A QUALIFIED ESCROW FUND. YES NO
- b. HAS EXECUTED A QUALIFIED ESCROW AGREEMENT THAT HAS BEEN REVIEWED AND APPROVED BY THE ATTORNEY GENERAL FOR THE STATE OF CALIFORNIA AND THAT GOVERNS THAT QUALIFIED ESCROW FUND FOR THE STATE OF CALIFORNIA. YES NO

((NOTE: THE NPM MUST CERTIFY SATISFACTION OF BOTH OF THE ABOVE-REFERENCED REQUIREMENTS REGARDING THE QUALIFIED ESCROW FUND TO BE ELIGIBLE FOR THE DIRECTORY. A QUALIFIED ESCROW FUND IS CREATED ONLY BY USING THE CALIFORNIA MODEL ESCROW AGREEMENT (JUS-TOB6). (11 CAL. CODE REGS. §§ 999.13.)) CALIFORNIA'S MODEL ESCROW AGREEMENT IS AVAILABLE ON THE ATTORNEY GENERAL'S WEBSITE AT <http://caag.state.ca.us/tobacco>

3. QUALIFIED ESCROW FUND DEPOSIT/WITHDRAWAL HISTORY FOR CALIFORNIA

DATE	DEPOSIT	WITHDRAWAL	BALANCE

ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

**NOTE: THIS CERTIFICATION WILL NOT BE PROCESSED OR
CONSIDERED UNTIL ALL THE REQUIRED DOCUMENTS ARE SUBMITTED.**

AMENDED

DECLARATION, ACKNOWLEDGMENT AND SIGNATURE

UNDER PENALTY OF CRIMINAL PROSECUTION UNDER THE LAWS OF CALIFORNIA, I DECLARE AND ACKNOWLEDGE THAT:

1. I HAVE READ THE INSTRUCTIONS FOR THIS CERTIFICATION FOR LISTING ON CALIFORNIA DIRECTORY.
2. I UNDERSTAND THAT THE ATTORNEY GENERAL MAY REQUIRE ADDITIONAL INFORMATION AND/OR DOCUMENTATION TO DETERMINE IF APPLICANT IS QUALIFIED FOR LISTING ON THE CALIFORNIA DIRECTORY.
3. APPLICANT WILL IMMEDIATELY NOTIFY THE TOBACCO LITIGATION AND ENFORCEMENT SECTION IN THE ATTORNEY GENERAL'S OFFICE (OFFICE OF THE ATTORNEY GENERAL FOR THE STATE OF CALIFORNIA, TOBACCO LITIGATION ENFORCEMENT SECTION, P.O. BOX 944255, SACRAMENTO, CA 94244-2550) IF ANY INFORMATION ON THIS CERTIFICATION CHANGES, BEFORE THE ATTORNEY GENERAL APPROVES THE CERTIFICATION.
4. I ACKNOWLEDGE THAT TITLE 11, CALIFORNIA CODE OF REGULATIONS SECTION 999.17 REQUIRES EVERY APPLICANT TO SUBMIT A SUPPLEMENTAL CERTIFICATION WHEN INFORMATION IN THIS CERTIFICATION IS NO LONGER ACCURATE AND COMPLETE. THE SUPPLEMENTAL CERTIFICATION MUST BE SUBMITTED NO LATER THAN THIRTY (30) DAYS AFTER THE INFORMATION HAS BECOME INACCURATE OR INCOMPLETE.
5. I ACKNOWLEDGE THAT BUSINESS AND PROFESSIONS CODE SECTION 22980.1 PROHIBITS A MANUFACTURER, DISTRIBUTOR OR WHOLESALER FROM SELLING CIGARETTES FOR RESALE IN CALIFORNIA TO ANY PERSON WHO IS NOT LICENSED BY THE CALIFORNIA BOARD OF EQUALIZATION OR WHOSE LICENSE HAS BEEN SUSPENDED OR REVOKED. SECTION 22980.1 ALSO PROHIBITS IMPORTERS, DISTRIBUTORS, AND WHOLESALERS FROM PURCHASING CIGARETTES FROM A MANUFACTURER THAT IS NOT SO LICENSED.
6. I ACKNOWLEDGE THAT BUSINESS AND PROFESSIONS CODE SECTION 22979(A)(3) REQUIRES EVERY MANUFACTURER AND IMPORTER TO CONSENT TO THE JURISDICTION OF THE CALIFORNIA COURTS FOR ENFORCEMENT OF THE CALIFORNIA CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003 (DIVISION 8.6 OF THE BUSINESS AND PROFESSIONS CODE).
7. CALIFORNIA REGULATIONS REQUIRE THAT THIS CERTIFICATION BE SIGNED BY A QUALIFIED COMPANY OFFICER OR OTHER SUCH INDIVIDUAL AUTHORIZED TO BIND THE APPLICANT COMPANY. MY POSITION WITH THE COMPANY AND MY ACTUAL AUTHORITY TO CERTIFY ON BEHALF OF APPLICANT MEETS THE FOREGOING REQUIREMENTS.
8. 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.

NAME OF AUTHORIZED OFFICER: _____

TITLE: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

SIGNATURE OF AUTHORIZED OFFICER: _____ DATE: _____

STATE OF _____)

COUNTY OF _____)

COUNTRY OF _____)

ON _____, BEFORE ME, _____ PERSONALLY APPEARED _____

PERSONALLY KNOWN TO ME (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON(S) ACTED, EXECUTED THE INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE: _____

MY COMMISSION EXPIRES ON: _____

THIS CERTIFICATION MUST BE FILED WITH THE ATTORNEY GENERAL'S OFFICE:

MAILING ADDRESS:

OFFICE OF THE ATTORNEY GENERAL
FOR THE STATE OF CALIFORNIA
TOBACCO LITIGATION AND ENFORCEMENT SECTION
P. O. BOX 944255
SACRAMENTO, CA 94244-2550

STREET ADDRESS:

OFFICE OF THE ATTORNEY GENERAL
FOR THE STATE OF CALIFORNIA
TOBACCO LITIGATION AND ENFORCEMENT SECTION
P. O. BOX 944255
SACRAMENTO, CA 94244-2550

OR



NOTICE OF APPOINTMENT OF REGISTERED AGENT AND REGISTERED AGENT'S STATEMENT

(Rev. & Tax. Code § 30165.1)

JUS-TOB2 (2/04)
Page 1 of 2

*Please type or print in permanent blue ink.
Sign, date, and return original to:*

**Office of the Attorney General of the State of California
Tobacco Litigation & Enforcement Section
P.O. Box 944255
Sacramento, CA 94244-2550**

The undersigned Non-Participating Manufacturer ("NPM"), _____ hereby appoints _____ as its registered agent. Said registered agent is authorized to receive service of process on behalf of the NPM. The NPM agrees to do the following: (1) provide notice to the Office of the Attorney General of the State of California ("Attorney General") at least 30 calendar days prior to termination of the authority of the registered agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of the existing agent appointment. The NPM further agrees that if the agent terminates its agency appointment, the undersigned shall provide notice to the Attorney General of the termination within five calendar days and shall include proof to the Attorney General of the appointment of a new agent.

I hereby certify and declare that all of the statements and information contained in this Notice of Appointment, including but not limited to any accompanying statements or attachments herewith, are true and complete and that I am a person authorized to bind the NPM making this Notice of Appointment either under the laws of California or of the jurisdiction where the manufacturer resides or is organized. The failure to file this form is a basis for removal of the undersigned NPM and its Brand Families from the Directory.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature of authorized representative for NPM: _____
Authorized Representative (Print Name): _____
Title: _____
Principle Place of Business (physical address): _____

STATE OF _____)
COUNTY OF _____)
COUNTRY OF _____)

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____
My Commission expires: _____

NOTICE OF APPOINTMENT OF REGISTERED AGENT & REGISTERED AGENT'S STATEMENT

(Rev. & Tax. Code § 30165.1)

JUS-TOBR
Page 2 of 2

NAME AND ADDRESS OF CALIFORNIA STATE REGISTERED AGENT:

Name: _____

Street Address (*Required-Must be within the state of California*): _____

P.O. Box (*Optional*): _____

City and State: _____ Zip Code: _____

Telephone: _____ Facsimile Number: _____

E-mail address: _____

I consent to serve as the Registered Agent in the state of California for _____ (name of NPM), pursuant to CA Rev. & Tax Code 30165.1. I understand it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature: _____ Date: _____

Print Name: _____

Title: _____

STATE OF _____)
COUNTY OF _____)
COUNTRY OF _____)

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

My Commission expires: _____



**NOTICE OF APPOINTMENT OF REGISTERED AGENT AND
REGISTERED AGENT'S STATEMENT FOR NON-PARTICIPATING MANUFACTURER**
(Rev. & Tax Code § 30165.1)
JUS-TOB2 (Rev. 02/2011)

*Please type or print in permanent blue ink.
Sign, date, and return original to:*

**Office of the Attorney General of the State of California
Tobacco Litigation & Enforcement Section
P.O. Box 944255
Sacramento, CA 94244-2550**

The undersigned Non-Participating Manufacturer ("NPM"), _____
hereby appoints _____

as its registered agent. Said registered agent is authorized to receive service of process on behalf of the NPM. The NPM agrees to do the following: (1) provide notice to the Office of the Attorney General of the State of California ("Attorney General") at least 30 calendar days prior to termination of the authority of the registered agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five (5) calendar days prior to the termination of the existing agent appointment. The NPM further agrees that if the agent terminates its agency appointment, the NPM shall provide notice to the Attorney General of the termination within five (5) calendar days and shall include proof to the Attorney General of the appointment of a new agent.

I hereby certify and declare that all of the statements and information contained in this Notice of Appointment, including but not limited to any accompanying statements and attachments herewith, are true and complete and that I am a person authorized to bind the NPM submitting this Notice of Appointment either under the laws of California or of the jurisdiction where the manufacturer resides or is organized. The failure to file this form is a basis for removal of the undersigned NPM and its Brand Families from the Directory.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature of authorized representative for NPM: _____

Authorized Representative (Print Name): _____

Title: _____

Principle Place of Business (physical address): _____

STATE OF _____)

COUNTY OF _____)

COUNTRY OF _____)

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

My Commission expires: _____

Amended



**NOTICE OF APPOINTMENT OF REGISTERED AGENT AND
REGISTERED AGENT'S STATEMENT FOR NON-PARTICIPATING MANUFACTURER**
(Rev. & Tax Code § 30165.1)
JUS-TOB2 (Rev. 02/2011)

NAME AND ADDRESS OF CALIFORNIA STATE REGISTERED AGENT:

Name: _____

Street Address (Required-Must be within the state of California): _____

P.O. Box (Optional): _____

City and State: _____ Zip Code: _____

Telephone: _____ Facsimile Number: _____

E-mail address: _____

I consent to serve as the Registered Agent in the state of California for _____
(name of NPM), pursuant to California Revenue and Taxation Code section 30165.1. I understand it will be my responsibility to
receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney
General if I resign or change the office address of the Registered Agent.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

STATE OF _____)

COUNTY OF _____)

COUNTRY OF _____)

On _____, before me, _____ personally appeared
_____ personally known to me (or proved to me on the basis of satisfactory
evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the
same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which
the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

My Commission expires: _____

Amended



CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY
NONPARTICIPATING TOBACCO PRODUCT MANUFACTURER
REGARDING DEPOSIT OF RESERVE FUNDS INTO ESCROW

JUS-TOB3 (2/04)
Page 1 of 2

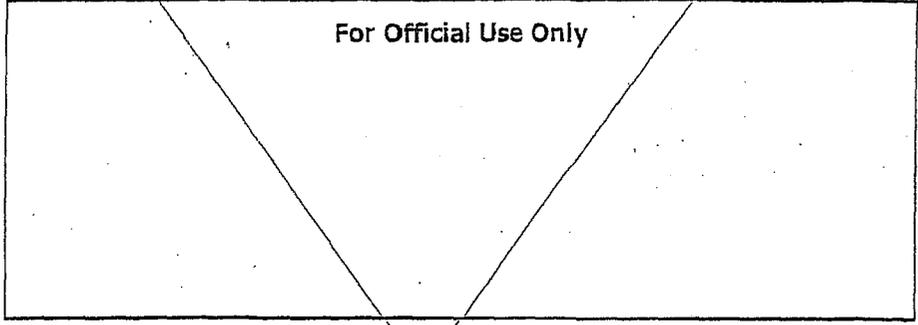
Year: _____ *

* If your Company is required to make deposits into escrow more frequently than annually, indicate the specified reporting period for which deposit was made:

Quarter ending: _____ Other Period: _____ to _____
Complete a separate Certification of Compliance for each reporting period

NOTE TO DISTRIBUTORS: YOU MAY STAMP AND SELL ONLY THE BRANDS OF MANUFACTURERS WHICH ARE LISTED ON THE ATTORNEY GENERAL'S DIRECTORY: [HTTP://CAAG.STATE.CA.US/](http://CAAG.STATE.CA.US/). PRODUCTS NOT LISTED ON THE DIRECTORY ARE CONTRABAND AND SUBJECT TO SEIZURE AND FORFEITURE

This Certification Is Not Valid Unless a stamp from the Attorney General's Office appears in the box below.



For Official Use Only

A Copy of This Stamped Certification of Compliance Must Be Provided to California Distributors And Wholesalers Which Sell Your Product.

Part 1: Tobacco Product Manufacturer's Identification*

Company Name: _____
Street Address: _____
E-mail Address: _____
Phone Number: _____ Fax Number: _____
Board of Equalization (BOE) Manufacturer's License No.: _____

*All manufacturers (i.e., fabricators) must complete and sign this Certification. Use as many copies of this form as needed.

Part 2: Units Sold

Total number of individual Cigarettes, including "roll-your-own" tobacco, sold by the manufacturer identified above during the sales period is: _____
(Attach Brand Families Unit Sales Schedule 1 (JUS-TOB4))

Part 3: Calculation of Deposit Amount

For the sales year: *(Use the rates listed below to figure the appropriate deposit amount)*

2000 - The rate per cigarette is	0.0104712
2001 - 2002 - The rate per cigarette is	0.0136125
2003 - 2006 - The rate per cigarette is	0.0167539
2007 and thereafter - The rate per cigarette is	0.0188482

The appropriate rate for the sales year is
Subtotal *(Multiply units in Part 3 by the appropriate rate in Part 4)* \$ _____
The Inflation Adjustment according to Exhibit C* of MSA is \$ _____
This is the amount that has been paid into the Qualified Escrow Fund by the manufacturer identified above:
Total: \$ _____

*See instructions and attached copy of Exhibit C to the MSA

PROOF OF DEPOSIT OF THE ABOVE AMOUNT
FROM YOUR FINANCIAL INSTITUTION MUST BE ATTACHED.

CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY
NONPARTICIPATING TOBACCO PRODUCT MANUFACTURER
REGARDING DEPOSIT OF RESERVE FUNDS INTO ESCROW

JUS-TOB2 (2/04)
Page 2 of 2

Part 4: Financial Institution Information

Name: _____
Address: _____
Authorized Escrow Agent: _____
Telephone Number: _____ Fax Number: _____
Escrow Account Number: _____
Total Funds Held in Separate Account For California: \$ _____

Part 5: Notarized Signature

Under penalty of perjury under the laws of the state of California, I declare that I am authorized to certify, on behalf of the Tobacco Product Manufacturer named in Part 1, that all of the certifications and information contained in this Certification of Compliance is complete and accurate.

This document must also be signed and dated in front of an authorized notary public, who also signs as a witness.

Name (Type or Print): _____ Title: _____
Signature of Authorized Agent: _____ Date: _____
Subscribed and Sworn to Before Me on this Date: _____ City of: _____
Signature of Notary Public: _____
Commission Expires: _____
Name (Type or Print): _____

This form must be filed with the Attorney General's Office:

Mailing Address:

Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
P. O. Box 944255
Sacramento, CA 94244-2550

Street Address:

Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
1300 I Street, Suite 125
Sacramento, CA 95814

OR



**CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY
NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER
REGARDING DEPOSIT OF RESERVE FUNDS INTO ESCROW**

Year: _____ *

*If your Company is required to make deposits into escrow more frequently than annually, indicate the specified reporting period for which deposit was made:

Quarter ending: _____ Other Period: _____ to _____

Complete a separate Certification of Compliance for each reporting period

NOTE TO DISTRIBUTORS: YOU MAY STAMP AND SELL ONLY THE BRANDS OF MANUFACTURERS WHICH ARE LISTED ON THE ATTORNEY GENERAL'S DIRECTORY: [HTTP://CAAG.STATE.CA.US/](http://CAAG.STATE.CA.US/). PRODUCTS NOT LISTED ON THE DIRECTORY ARE CONTRABAND AND SUBJECT TO SEIZURE AND FORFEITURE.

This Certification Is Not Valid Unless a stamp from the Attorney General's Office appears in the box below.

For Official Use Only

A Copy of This Stamped Certification of Compliance Must Be Provided to California Distributors and Wholesalers Which Sell Your Product.

Amended

Part 1: Tobacco Product Manufacturer's Identification*

Company Name: _____
Street Address: _____
E-mail Address: _____
Phone Number: _____ Fax Number: _____
Board of Equalization (BOE) Manufacturer's License No.: _____

*All manufacturers (i.e., fabricators) must complete and sign this Certification. Use as many copies of this form as needed.

Part 2: Units Sold

Total number of individual Cigarettes, including "roll-your-own" tobacco, sold by the manufacturer identified above during the sales period is: _____

(Attach Brand Families Unit Sales Schedule 1 (JUS-TOB4))

Part 3: Calculation of Deposit Amount

For the sales year: *(Use the rates listed below to figure the appropriate deposit amount)*

- 2000 - The rate per cigarette is 0.0104712
- 2001 - 2002 - The rate per cigarette is 0.0136125
- 2003 - 2006 - The rate per cigarette is 0.0167539
- 2007 and thereafter - The rate per cigarette is 0.0188482

The appropriate rate for the sales year is
Subtotal *(Multiply units in Part 3 by the appropriate rate in Part 4)* \$ _____
The Inflation Adjustment according to Exhibit C* of MSA is \$ _____
This is the amount that has been paid into the Qualified Escrow Fund by the manufacturer identified above:
Total: \$ _____

*See instructions and attached copy of Exhibit C to the MSA

**PROOF OF DEPOSIT OF THE ABOVE AMOUNT
FROM YOUR FINANCIAL INSTITUTION MUST BE ATTACHED.**



**CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY
NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER
REGARDING DEPOSIT OF RESERVE FUNDS INTO ESCROW**

Part 4: Financial Institution Information

Name: _____
Address: _____
Authorized Escrow Agent: _____
Phone Number: _____ Fax Number: _____
Escrow Account Number: _____
Total Funds Held in Separate Account For California: \$ _____

Part 5: Notarized Signature

Under penalty of perjury under the laws of the state of California, I declare that I am authorized to certify, on behalf of the Tobacco Product Manufacturer named in Part 1, that all of the certifications and information contained in this Certification of Compliance is complete and accurate.

This document must also be signed and dated in front of an authorized notary public, who also signs as a witness.

Name (Type or Print): _____ Title: _____
Signature of Authorized Agent: _____ Date: _____
Subscribed and Sworn to Before Me on this Date: _____ City of: _____
Signature of Notary Public: _____
Commission Expires: _____
Name (Type or Print): _____

Amended

This form must be filed with the Attorney General's Office:

Mailing Address:
Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
P.O. Box 944255
Sacramento, CA 94244-2550

OR

Street Address:
Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
1300 I Street, Suite 125
Sacramento, CA 95814



BRAND FAMILIES UNIT SALES SCHEDULE 1

(Rev. & Tax Code § 30165.1, Health & Saf. Code §§ 104555-104557)

JUS-TOB4(2/04)
Page 1 of 2

Original Amended Date: _____

SALES YEAR: 200_____

S FORM MUST BE SUBMITTED WITH THE CERTIFICATE OF COMPLIANCE (JUS-TOB3) FOR THE SPECIFIED REPORTING PERIOD.

Company is a (Check one): Manufacturer Importer

Company Name: _____ Board of Equalization License Number _____

Street Address: _____

Phone Number: _____ Fax Number: _____ e-mail address: _____

If our Company is required to make deposits into escrow more frequently than annually, indicate the specified reporting period for which deposit was made.

Reporting Period: From (month/date/year): _____ to _____

INSTRUCTIONS:

Column A: List all Brand Families sold during this reporting period.

Column B: Write "C" after any brand style of Cigarettes, (RYO) after any brand of Roll-Your-Own tobacco, and "LC" after any brands of Little Cigars.

Column C: List all units sold in California during the reporting period, i.e., annual, quarterly or other specified period. (1 Unit = an individual cigarette or individual Little Cigar or .09 oz. of RYO.)

Column D: If the reporting company is not the manufacturer (i.e. fabricator,) provide the name and street address of the manufacturer(s).

Attach additional sheets, as necessary, to provide a complete answer.

A	B	C	D
BRAND FAMILY NAME(S)	PRODUCT TYPE	UNITS SOLD	MANUFACTURER (i.e. FABRICATOR) NAME & ADDRESS

Complete information and declaration on page 2.

AND FAMILIES UNIT SALES SCHEDULE 1

v. & Tax Code § 30165.1, Health & Saf. Code §§ 104555-104557)

DB4(2/04)
of 2

Company Name: _____

This page requires the company to report the total sales made in California during the **preceding** calendar year. Rev. & Tax Code § 30165.1(b)(2)(a).

INSTRUCTIONS:

Column A: List all Brand Families sold in the **preceding calendar year**. Indicate by asterisk (*) any Brand Family that is no longer being sold in California.

Column B: Write "C" after any brand style of Cigarettes, (RYO) after any brand of Roll-Your-Own tobacco, and "LC" after any brands of Little Cigars.

Column C: List the total units sold in California during the preceding calendar year. (1Unit = an individual cigarette or individual Little Cigar or .09oz. of RYO; 1Unit = an individual cigarette or .09oz. of RYO or individual Little Cigar.

Column D: If the reporting company was not the manufacturer (i.e., fabricator), provide name and street address of the manufacturer (i.e. fabricator) of the Brand Family.

Attach additional sheets, as necessary, to provide a complete answer.

A	B	C	D
BRAND FAMILY NAME(S)	PRODUCT TYPE	TOTAL UNITS	MANUFACTURER (i.e. FABRICATOR) NAME & ADDRESS

Under penalty of perjury, under the laws of California, I declare that I am authorized to certify, on behalf of the reporting company named above, that all of the information contained in this form is complete and accurate.

Signature of Company Officer: _____ Date: _____
 Print Company Officer Name: _____ Phone No.: _____ Fax No.: _____
 Print Company Officer Title: _____ e-mail address: _____



BRAND FAMILIES UNIT SALES SCHEDULE 1 (Rev. & Tax Code § 30165.1, Health & Saf. Code §§ 104555-104557)

Original Amended Date: _____

SALES YEAR: 20 _____

THIS FORM MUST BE SUBMITTED WITH THE CERTIFICATE OF COMPLIANCE (JUS-TOB3) FOR THE SPECIFIED REPORTING PERIOD.

Company is a (Check One): Manufacturer Importer

Company Name: _____ Board of Equalization License Number: _____

Street Address: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____

If your Company is required to make deposits into escrow more frequently than annually, indicate the specified reporting period for which deposit was made.

Reporting Period: From (month/date/year): _____ to _____

INSTRUCTIONS

Column A: List all Brand Families sold during this reporting period.

Column B: Write "C" after any brand style of Cigarettes, (RYO) after any brand of Roll-Your-Own tobacco, and "LC" after any brands of Little Cigars.

Column C: List all units sold in California during the reporting period, i.e., annual, quarterly or other specified period. (1 Unit = an individual cigarette or individual Little Cigar or .09 oz. of RYO.)

Column D: If the reporting company is not the manufacturer (i.e. fabricator), provide the name and street address of the manufacturer(s).

Attach additional sheets, as necessary, to provide a complete answer.

A	B	C	D
BRAND FAMILY NAME(S)	PRODUCT TYPE	UNITS SOLD	MANUFACTURER (i.e. FABRICATOR) NAME & ADDRESS

Complete information and declaration on page 2.



BRAND FAMILIES UNIT SALES SCHEDULE 1

(Rev. & Tax Code § 30165.1, Health & Saf. Code §§ 104555-104557)

Company Name: _____

This page requires the company to report the total sales made in California during the **preceding** calendar year. Rev. & Tax Code § 30165.1(b)(2)(a).

INSTRUCTIONS

- **Column A:** List all Brand Families sold in the **preceding calendar year**. Indicate by asterick (*) any Brand Family that is no longer being sold in California.
- **Column B:** Write "C" after any brand style of Cigarettes, (RYO) after any brand of Roll-Your-Own tobacco, and "LC" after any brands of Little Cigars.
- **Column C:** List the total units sold in California during the preceding calendar year. (1 Unit = an individual cigarette or individual Little Cigar or .09 oz. of RYO.)
- **Column D:** If the reporting company is not the manufacturer (i.e. fabricator), provide the name and street address of the manufacturer (i.e. fabricator) of the Brand Family.

Attach additional sheets, as necessary, to provide a complete answer.

A	B	C	D
BRAND FAMILY NAME(S)	PRODUCT TYPE	TOTAL UNITS	MANUFACTURER (IF FABRICATOR) NAME & ADDRESS

Under penalty of perjury, under the laws of California, I declare that I am authorized to certify, on behalf of the reporting company named above, that all of the information contained in this form is complete and accurate.

Signature of Company Officer: _____ Date: _____

Print Company Officer Name: _____ Phone Number: _____ Fax No: _____

Print Company Officer Title: _____ E-mail Address: _____



WAIVER OF TRIBAL SOVEREIGN IMMUNITY
BY NATIVE AMERICAN TRIBE

RESOLUTION OF THE _____
[Name of Tribe]

WHEREAS, _____ and/or
[Name of Tobacco Manufacturer] is owned by the _____
[Name of Tobacco Importer] [Name of Tribe]

("the Tribe"), is a business arm of the Tribe, and/or is formed by the Tribe under the provisions of the Tribe's constitution or laws;

WHEREAS, _____ and/or
[Name of Manufacturer] was formed for all business purposes allowed
[Name of Importer] under the laws of the Tribe, including the manufacture of cigarettes and tobacco products;

WHEREAS, the premises and manufacturing facility of the foregoing cigarette and/or tobacco manufacturer and the premises of cigarette and/or tobacco importer are located on the Tribe's Reservation or other Indian Country;

WHEREAS, _____ has applied to the State of
[Name of Manufacturer] California to be placed on the State of California Directory of compliant tobacco manufacturers whose products may be legally sold in the State of California;

WHEREAS, the State of California requires that all tobacco manufacturers on the State Tobacco Directory, to the full extent allowed by law, be subject to State regulations and enforcement of California law, including being susceptible to all remedies and enforcement measures permitted under California law,

WHEREAS, the State of California requires that all tobacco manufacturers on the State Tobacco Directory either sign the Master Settlement Agreement and make payments pursuant to that agreement or make escrow deposits as required by the California reserve fund statute (Health & Safety Code, sections 104555-104557.1);

WHEREAS, the State of California requires that all tobacco manufacturers sell cigarettes and tobacco products only to a distributor, wholesaler, importer, retailer or other person holding a valid license from the California Board of Equalization,

WHEREAS, the State of California requires that the distributor either pay applicable state taxes and surcharges on sales of cigarettes and tobacco products in the State of California or collect them from the consumer,

WHEREAS, because of the location of _____ and the
[Name of Manufacturer] business premises of _____
[Name of Importer] on the Tribe's Reservation or other Indian Country and because the manufacturer and/or the importer is owned by the Tribe, is a business arm of the tribe or is owned by members of the Tribe, the manufacturer and/or the importer may be shielded by Tribal Sovereign Immunity or treaty rights from full enforcement and remedies available against tobacco manufacturers, and;



WAIVER OF TRIBAL SOVEREIGN IMMUNITY BY NATIVE AMERICAN TRIBE

WHEREAS, the protection afforded by Tribal Sovereign Immunity and treaty rights includes immunity from suit, liability, judgment and collection, including enforcement of judgments on tribal land by way of attachment of property or otherwise, the State of California requires that the manufacturer and/or the importer and their owner(s) waive tribal sovereign immunity and treaty rights, agree to sell only to persons licensed by the California Board of Equalization.

THEREFORE, the _____ Indian Nation, through
[Name of Tribe]

_____ [Name of Tribal Entity Authorized To Waive Tribal Sovereign Immunity]
has on this _____ day of _____, 20____, adopted this Resolution waiving the
[Month]
Tribe's immunity and treaty rights as follows:

The _____ hereby waives it sovereign immunity and
[Name of Tribe]
treaty rights against suit, liability, judgment and collection with respect to the obligations and duties of
_____ and/or _____
[Name of Tobacco Manufacturer] [Name of Tobacco Importer]

under the California's reserve fund statute (Health & Saf. Code, § 104555 *et seq.*), the California Tobacco Directory Law (Rev. & Tax Code, § 30165.1), the California Cigarette and Tobacco Products Licensing Act of 2003, (Bus. & Prof. Code, § 22970 *et seq.*), regulations implementing those laws and any other California law, rule, or regulation that pertains to the sale of cigarettes and tobacco products in the State of California. The Tribe recognizes and agrees that the foregoing regulatory laws (reserve fund statute, tobacco directory law, and Cigarette and Tobacco Products Licensing Act of 2003), which require (1) the creation of a reserve fund in escrow, (2) qualifying for listing on a directory of compliant tobacco companies, and (3) state licensing, apply equally to everyone, including the Tribe, and are pure regulations which impose their restrictions for a public purpose unrelated to revenue generation. In so waiving its immunity, the Tribe recognizes and agrees, that any suits, or administrative actions brought against

_____ and/or _____
[Name of Manufacturer] [Name of Importer]
and their owner(s) relating to the duties and obligations referenced above may be brought in the California Superior Court, and that all such actions and proceedings, shall be governed by California's substantive and procedural law.

The Tribe agrees that _____ and
[Name of Manufacturer]
_____ shall sell only to California distributors, wholesalers,
[Name of Importer]
importers, and retailers that are licensed by the California Board of Equalization. The Tribe agrees that all its distributor(s) will collect and remit all taxes, surcharges, and escrow deposits imposed by California law, and all subsequent amendments thereto, on sales to persons who are not members of the Tribe in the same manner as required of all other such sales of cigarettes and tobacco products under California statutes and implementing regulations. The tribe attaches hereto a list of the names and addresses of all cigarette and tobacco product distributors the manufacturer or importer will use for distribution in the state of California.



NAIVER OF TRIBAL SOVERIGN MUNITY
BY NATIVE AMERICAN TRIBE

The Tribe agrees to enact and enforce such tribal laws as are necessary to implement the California tax, surcharge and escrow deposit laws that apply to sales to persons who are not members of the Tribe, including the right of the State to audit and to assess and collect the taxes, surcharges and escrow deposits due. The Tribe agrees that upon the request of the State, the Tribe,

_____ and _____
[Name of Manufacturer] [Name of Importer]
will assist the State of California in the assessment and collection of any California taxes, surcharges and escrow deposits due.

Finally, the Tribe agrees to the jurisdiction of the California Superior Court over the Tribe, waives personal service of process, and agrees that service of process by certified or registered mail, return receipt requested, to the following address shall constitute adequate service:

[Owner tribal members name]
[Street Address or P.O. Box]
[City and State, postal code]

Adopted this _____ day of _____ 20 _____
[Month]

Appropriate _____ Nation Officer

Appropriate _____ Nation Officer

Appropriate _____ Nation Officer

New Form

Attached to this Resolution is the letter from legal counsel for the Tribe to the California Attorney General evidencing legal counsel's written legal opinion to the State of California that the Tribal entity(s) or officer(s) adopting this Resolution and waiving the Tribe's sovereign immunity and treaty rights is/are authorized under Tribal law to do so and have the ability to bind the Tribe, and that all procedures required by Tribal and Federal law (including, if applicable, the Foreign Sovereign Immunities Act of 1976 (28 U.S.C. section 1605(a)(1))), were followed and that the actions in waiving sovereign immunity and treaty rights are binding and enforceable under Tribal, Federal and California State law.



WAIVER OF SOVEREIGN IMMUNITY BY GOVERNMENT-OWNED TOBACCO COMPANY

WHEREAS, the Government of the country of _____ formed
and/or owns the following company(s) [List the company names of the manufacturer and/or distributor below]:
[Insert Country]

Manufacturer: _____

Distributor: _____

WHEREAS, the _____ was formed for all business and
commercial purposes allowed under the laws of the country of _____, including
[Insert Manufacturer's Name]
the manufacture of cigarette and tobacco products, export and sale of cigarette and tobacco products in the
United States, and specifically the State of California;

WHEREAS, _____ has applied to the State
of California to be placed on the State of California Directory of compliant tobacco manufacturers whose products
[Insert Manufacturer's Name]
may be legally sold in the State of California.

WHEREAS, the State of California requires that all tobacco manufacturers on the State Tobacco
Directory, to the full extent allowed by law, be subject to State regulations and enforcement of California
law, including being susceptible to all remedies and enforcement measures permitted under California law.

WHEREAS, the State of California requires that all tobacco manufacturers on the State Tobacco
Directory either sign the Master Settlement Agreement and make payments pursuant to that agreement or make
escrow deposits as required by the California reserve fund statute (Health & Safety Code sections 104555-
104557.1);

New Form

WHEREAS, the State of California requires that all tobacco manufacturers sell cigarettes and tobacco
products only to a distributor, wholesaler, importer, retailer or other person holding a valid license from the
California Board of Equalization;

WHEREAS, the State of California requires the distributor either pay applicable state taxes and
surcharges on sales of cigarettes and tobacco products in the State of California or collect them from the
consumer;

WHEREAS, because of the ownership of _____ and of
[Insert Manufacturer's Name]
_____ by Government of the country of _____
[Insert Distributor's Name, if any]
these entities may be shielded by government sovereign immunity or treaty rights from full enforcement and
remedies available against tobacco manufacturers, and;

WHEREAS, the protection afforded by government Sovereign Immunity and treaty rights includes
immunity from suit, liability, judgment and collection, including enforcement of judgments on the government-
owned companies by way of attachment of property or otherwise, the State of California requires that
_____ and _____ their
[Insert Manufacturer's Name] [Insert Distributor's Name, if any]
owners and Government of the country of _____ waive sovereign
[Insert Distributor's Name, if any]
immunity and Treaty rights, agree to sell only to persons and entities licensed by the California Board of
Equalization, and;



WAIVER OF SOVEREIGN IMMUNITY BY GOVERNMENT-OWNED TOBACCO COMPANY

THEREFORE, the Government of the country of _____, through its ambassador to the United States, _____, on this _____ day of _____, 20____, waives sovereign immunity and treaty rights of the country of _____ as follows:

The Government of _____ hereby expressly waives its sovereign immunity and treaty rights against suit, liability, judgment and collection with respect to the foregoing government-owned companies' obligations and duties under the California's reserve fund statute (Health & Saf. Code, § 104555 *et seq.*); the California tobacco directory law (Rev. & Tax Code, § 30165.1), the California Cigarette and Tobacco Products Licensing Act of 2003 (Bus. & Prof. Code, § 22970 *et seq.*), regulations implementing those laws and any other California law, rule or regulation that pertains to the sale of cigarettes and tobacco products in the State of California.

The Government of _____ and the foregoing companies recognizes and agrees that the foregoing regulatory laws (reserve fund, statute, tobacco directory law, the California Cigarette and Tobacco Products Licensing Act of 2003) applicable to commercial activities involving cigarettes and tobacco products, which require (1) the creation of a reserve fund, (2) qualifying for listing on a directory of compliant tobacco companies, and (3) state licensing, apply equally to everyone, including the Government of the country of _____ and are pure commercial regulations which impose their restrictions on commercial activity, within the meaning of the federal Foreign Sovereign Immunities Act of 1976 (28 U.S.C. section 1605(a)(2)), for a public purpose. In so waiving its immunity, the Government of _____

New Form

recognizes and agrees that any suits, or administrative actions brought against _____ and _____ or the Government of _____ relating to the duties and obligations referenced above, may be brought in the California Superior Court, and that all such actions and proceedings, shall be governed by California's substantive and procedural law.

The Government of _____, agrees that _____, and _____ shall only sell cigarettes and/or tobacco products to California distributors, wholesalers, importers and retailers who are licensed by the California Board of Equalization.

The Government of _____, agrees that _____ distributing company will impose and collect and remit all taxes, surcharges and escrow deposits imposed by California law, and all subsequent amendments thereto, on sales to purchasers in California and comply with all applicable California laws and regulations as if the sales of cigarettes and tobacco products occurred entirely in the state. The Government of _____ agrees to enact and enforce such rules, procedures and laws as are necessary to implement the California tax, surcharge and escrow deposit laws that apply to sales to persons in California, including the right of the State to audit and to assess and collect the taxes, surcharges and escrow deposits due.



WAIVER OF SOVEREIGN IMMUNITY BY
GOVERNMENT-OWNED TOBACCO COMPANY

Finally, the Government of _____ agrees that upon the request of the
State, the Government _____
and _____ will assist the State of California in the assessment and collection of
any California taxes, surcharges and escrow deposits due.

Finally, the Government of _____ agrees to the jurisdiction of the
California Superior Courts over their persons, waive personal service of process, and agree that
service of process by certified or registered mail, return receipt requested, to the following address shall
constitute adequate service:

[Manufacturer's Name]
[Street Address or P.O. Box]
[City and State, Postal Code]

Executed this _____ day of _____ 20_____
[Month]

[Ambassador to the United States]

[Ambassador to the United States]
of the Country of _____]

Attached to this Resolution is the letter from legal counsel in this matter for the Government of
_____ to the California Attorney General
evidencing legal counsel's written legal opinion to the State of California that the Entity (s) or officer(s)
adopting this Resolution and waiving the sovereign immunity and treaty rights of the Government of
_____ is/are authorized under the laws of the country of _____
to do so and have the ability to bind the Government and country of _____ and that all
procedures required by the laws of the country of _____ and Federal law (including
specifically, Foreign Sovereign Immunities Act of 1976 (28 U.S.C. section 1605(a)(1)), were followed and that the
actions in waiving sovereign immunity and treaty rights are binding and enforceable under the laws of the country
of _____ and under any applicable Federal, Tribal and California State law.



STANDARD WAIVER OF SOVEREIGN IMMUNITY BY TOBACCO COMPANY

WHEREAS, _____
[Insert Manufacturer's Name]
represents that it is not owned in any part by a governmental entity and that it is not operated for the benefit of a government entity or Native American tribe;

WHEREAS, _____
[Insert Manufacturer's Name]
was formed for all business and commercial purposes allowed under the laws of the country of _____, state or jurisdiction of _____, including the manufacture and sale of cigarettes and tobacco products in the United States, and specifically the State of California;

WHEREAS, _____
[Insert Manufacturer's Name]
has applied to the State of California to be placed on the State of California Directory of compliant tobacco manufacturers whose products may be legally sold in the State of California;

WHEREAS, the State of California requires that all tobacco manufacturers on the state Tobacco Directory, to the full extent allowed by law, be subject to State regulations and enforcement of California law, including being susceptible to all remedies and enforcement measures permitted under California law;

WHEREAS, the State of California requires that all tobacco manufacturers on the state Tobacco Directory, either sign the Master Settlement Agreement and make payments pursuant to that agreement or make escrow deposits as required by the California reserve fund statute;

WHEREAS, the State of California requires that all tobacco manufacturers sell cigarettes and tobacco products only to a distributor, wholesaler, importer, retailer or other person holding a valid license from the California Board of Equalization,

WHEREAS, the State of California requires that the distributor either pay applicable state taxes and surcharges on sales of cigarettes and tobacco products in the State of California or collect them from the consumer;

THEREFORE, _____
[Insert Manufacturer's Name]
hereby expressly waives any claim or defense based in whole or in part on sovereign immunity and treaty rights, including but not limited to any claims or defenses based on the fact that any manufacturer's facilities are located on tribal or government lands and/or that its owner or owners are members of a Native American tribe against suit, liability, judgment and collection with respect to the manufacturer's obligations and duties under the California reserve fund statute (Health & Saf. Code, § 104555 *et seq.*), the California Tobacco Directory Law (Rev. & Tax Code, § 30165.1), the California Cigarette and Tobacco Products Licensing Act of 2003 (Bus & Prof. Code, § 22970 *et seq.*), regulations implementing those laws and any other California law, rule or regulation that pertains to the sale of tobacco products in the state of California.

In so waiving its immunity, the manufacturer, _____
[Manufacturer's Name]
recognizes and agrees, that any suits, or administrative actions brought against the manufacturer or any of its affiliates relating to the duties and obligations referenced above, may be brought in the California Superior Court, and that all such actions and proceedings, shall be governed by California's substantive and procedural law.



STANDARD WAIVER OF SOVEREIGN IMMUNITY BY TOBACCO COMPANY

_____ agrees that it and its U.S. importer(s), if any, distributor or distributors [attach names and addresses of all distributors] shall only sell to California distributors, wholesalers, importers and retailers that are licensed by the California Board of Equalization.

_____ agrees that it or its distributor(s) will impose and collect and remit all taxes, surcharges and escrow deposits imposed by California law, and all subsequent amendments thereto, on sales to purchasers in California and comply with all applicable California laws and regulations as if the sales of cigarettes and RYO tobacco occurred entirely in the state.

_____ agrees to enact and enforce such company rules and procedures as are necessary to implement the California tax, surcharge and escrow deposit laws that apply to sales to persons in California, including the right of the State to audit and to assess and collect the taxes, surcharges and escrow deposits due.

_____ agrees that upon the request of the State, the manufacturer and its distributor or distributors will assist the State of California in the assessment and collection of any California taxes, surcharges and escrow deposits due.

Finally, the _____ agrees to the jurisdiction of the California Superior Court, waives personal service of process, and agree that service of process by certified or registered mail, return receipt requested, to the following address shall constitute adequate service:

[Manufacturer's Name]
[Street Address or P.O. Box]
[City and State, Postal Code]

Adopted this _____ day of _____, 20____.

[Month]

Company Official Authorized to Bind the Manufacturer

Attached to this Resolution is the letter from legal counsel,

[Counsel's Name]

in this matter for the Manufacturer

[insert Manufacturer's Name]

_____ , to the California

Attorney General evidencing legal counsel's written legal opinion to the State of California that the Entity(s) or officer(s) adopting this Resolution and waiving the sovereign immunity and treaty rights of the manufacturer is/are authorized under the laws of the country of _____ to do so and

have the ability to bind the manufacturer and that all procedures required by the laws of the country of

_____ and by any federal, state or tribal law were followed and that the

actions in waiving sovereign immunity and treaty rights are binding and enforceable under the laws of the country of _____ and under any applicable federal, tribal and California law.



STANDARD WAIVER OF SOVEREIGN IMMUNITY BY TOBACCO MANUFACTURER OR IMPORTER

WHEREAS, _____
[Manufacturer's or Importer's Name] represents that it is not a foreign state or directly owned in whole or majority part by a foreign state, within the meaning of the Foreign Sovereign Immunities Act, 28 U.S.C. § 1603;

WHEREAS, _____
[Manufacturer's or Importer's Name] represents that it is not owned by, chartered by, operated for the benefit of, or an "arm" of a Native American Tribe;

WHEREAS, _____
[Manufacturer's or Importer's Name] was formed for all business and commercial purposes allowed under the laws of the country of _____, state or jurisdiction of _____, including the manufacture and sale of cigarettes and tobacco products in the United States, and specifically the State of California;

WHEREAS, _____
[Manufacturer's or Importer's Name] has applied to the State of California to be placed on the State of California Directory of compliant tobacco manufacturers whose products may be legally sold in the State of California;

WHEREAS, the State of California requires that all tobacco manufacturers on the State Tobacco Directory, to the full extent allowed by law, be subject to State regulations and enforcement of California law, including being susceptible to all remedies and enforcement measures permitted under California law;

WHEREAS, the State of California requires that all tobacco manufacturers on the State Tobacco Directory, either sign the Master Settlement Agreement and make payments pursuant to that agreement or make escrow deposits as required by the California reserve fund statute;

WHEREAS, the State of California requires that all tobacco manufacturers sell cigarettes and tobacco products only to a distributor, wholesaler, importer, retailer or other person holding a valid license from the California Board of Equalization;

WHEREAS, the State of California requires that the distributor either pay applicable state taxes and surcharges on sales of cigarettes and tobacco products in the State of California or collect them from the consumer;

THEREFORE, _____
[Manufacturer's or Importer's Name] hereby expressly waives any claim or defense based in whole or in part on sovereign immunity and treaty rights, including but not limited to any claims or defenses based on the fact that any of the manufacturer's facilities are located on tribal or government lands and/or that its owner or owners are members of a Native American tribe, against suit, liability, judgment and collection with respect to the manufacturer's obligations and duties under the California reserve fund statute (Health & Saf. Code, § 104555 *et seq.*), the California Tobacco Directory Law (Rev. & Tax. Code, § 30165.1), the California Cigarette and Tobacco Products Licensing Act of 2003 (Bus & Prof. Code, § 22970 *et seq.*), the Cigarette and Tobacco Products Tax Law (Rev. & Tax. Code, Division 2, Part 13, 30001 *et seq.*), regulations implementing those laws, and any other California law, rule or regulation that pertains to the sale of tobacco products in the state of California.

Amended



STANDARD WAIVER OF SOVEREIGN IMMUNITY BY TOBACCO MANUFACTURER OR IMPORTER

In so waiving its immunity, _____
[Manufacturer's or Importer's Name]

recognizes and agrees, that any suits, or administrative actions brought against the manufacturer or any of its affiliates relating to the duties and obligations referenced above, may be brought in the California Superior Court, and that all such actions and proceedings, shall be governed by California's substantive and procedural law.

_____ agrees that upon the request of the State, the
[Manufacturer's or Importer's Name]
manufacturer and its distributor or distributors will assist the State of California in the assessment and collection of any California taxes, surcharges and escrow deposits due.

Finally, _____ agrees to the jurisdiction of the
[Manufacturer's or Importer's Name]
California Superior Court, waives personal service of process, and agrees that service of process by certified or registered mail, return receipt requested, to the following address shall constitute adequate service:

[Manufacturer's or Importer's Name]
[Street Address or P.O. Box]
[City and State, Postal Code]

Executed this _____ day of _____, 20 ____
[Month]



UNITED STATES IMPORTER DECLARATION ACCEPTING JOINT AND SEVERAL LIABILITY
JUS-TOB12 (Rev. 02/2011) PAGE 1 of 3

Statutory Requirements

Pursuant to California Revenue and Taxation Code section 30165.1(b)(3)(E) and (f)(4), a Non-Participating Manufacturer ("NPM") located outside of the United States must provide a declaration from each of its importers to the United States that such importer accepts joint and several liability with the NPM for:

1. All escrow deposits due under Health and Safety Code section 104557 and implementing regulations;
2. All penalties assessed in accordance with Article 3 (commencing with Section 104555) of Chapter 1 or Part 3 of Division 103 of the Health and Safety Code;
3. Payment of all fees, costs, attorney's fees, penalties, and refunds imposed or required by Revenue and Taxation Code section 30165.1, including, but not limited to, all refunds resulting from the removal of the manufacturer or any of its brand families from the California tobacco directory.

The importer must also:

1. Appoint a resident agent for service of process in California;
2. Consent to the jurisdiction of the California courts for the purpose of enforcement of Division 8.6 (commencing with section 22979) of the Business and Professions Code, Sections 104555 to 104557, inclusive, of the Health and Safety Code, Section 30165.1 of the Revenue and Taxation Code, and regulations adopted pursuant thereto;
3. Waive any sovereign immunity defenses in a form and manner acceptable to the Attorney General or post a surety bond in a form and manner directed by the Attorney General, as required by Business & Professions Code section 22979(a)(4); and
4. Attach a copy of the current tobacco importer's permit issued by the U.S. Alcohol and Tobacco Trade Bureau with any amendments.

Importer Information

Importer Name: _____
Contact Name and Title: _____
Mailing Address: _____

Phone Number: _____ Fax Number: _____
E-Mail Address: _____
Federal Taxpayer ID Number: _____

Non-Participating Manufacturer Identification

Importer declares that it is a United States importer for the following NPM. (Please identify below the foreign NPM whose products you import into the United States. Complete this form for each foreign NPM from whom you import cigarettes or tobacco products.)

Manufacturer Name: _____
Mailing Address: _____

Phone Number: _____ Fax Number: _____
E-Mail Address: _____

New Form



UNITED STATES IMPORTER DECLARATION ACCEPTING JOINT AND SEVERAL LIABILITY

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Importer's Resident Agent for Service of Process

Resident Agent Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Proof of Appointment: Attach notarized Importer's Notice of Appointment of Registered Agent and Registered Agent Form (JUS-TOB13).

Importer's Declaration

I certify that, based upon my personal knowledge, all of the information contained in this declaration and any attachments are true and accurate, and that I am authorized, under the laws of the state of California or the jurisdiction where the importer resides or is organized, to bind the importer making this certification.

Pursuant to Revenue and Taxation Code section 30165.1(b)(3)(E) and (f)(4), I declare that the importer accepts strict, joint and several liability with the above identified Non-Participating Manufacturer for:

- (1) All escrow deposits due under Health and Safety Code section 104557 and implementing regulations,
- (2) All penalties assessed in accordance with Article 3 (commencing with Section 104555) of Chapter 1 of Part 3 of Division 103 of the Health and Safety Code; and
- (3) Payment of all fees, costs, attorney's fees, penalties, and refunds imposed or required by Revenue and Taxation Code section 30165.1, including, but not limited to, all refunds resulting from the removal of the manufacturer or any of its brand families from the California tobacco directory.

In addition, I also declare that the importer:

1. Has appointed a resident agent for service of process in California;
2. Consents to the jurisdiction of the California courts for the purpose of enforcement of Division 8.6 (commencing with section 22979) of the Business and Professions Code, Sections 104555 to 104557, inclusive, of the Health and Safety Code, Section 30165.1 of the Revenue and Taxation Code, and regulations adopted pursuant thereto; and
3. Has waived any sovereign immunity defenses in a form and manner acceptable to the Attorney General or posted a surety bond in a form and manner directed by the Attorney General, as required by Business & Professions Code section 22979(a)(4).

Executed this _____ day of _____, 20 ____.

Signature of Authorized Officer or Agent for Importer

Name (Please Print Legibly)

Title (Please Print Legibly)

KAMALA D. HARRIS
Attorney General

State of California
DEPARTMENT OF JUSTICE



UNITED STATES IMPORTER DECLARATION ACCEPTING JOINT AND SEVERAL LIABILITY
JUS-TOB12 (Rev. 02/2011) PAGE 3 of 3

Notary:

City/County of _____, State of _____

Subscribed and affirmed before me on this date: _____

Signature: _____ Printed Name: _____

[Notary Public]

My commission expires: _____

Send original fully executed Declaration, including attachments and supporting documents to:

NPM Enforcement Coordinator
Tobacco Litigation and Enforcement Section
Office of the Attorney General
P.O. Box 944255
Sacramento, CA 94244-2550



**NOTICE OF APPOINTMENT OF REGISTERED AGENT AND
REGISTERED AGENT'S STATEMENT FOR IMPORTER
(Rev. & Tax Code § 30165.1)**

*Please type or print in permanent blue ink.
Sign, date, and return original to:*

**Office of the Attorney General of the State of California
Tobacco Litigation & Enforcement Section
P.O. Box 944255
Sacramento, CA 94244-2550**

The undersigned Importer ("Importer"), _____

Hereby appoints _____

as its registered agent. Said registered agent is authorized to receive service of process on behalf of the IMPORTER. The IMPORTER agrees to do the following: (1) provide notice to the Office of the Attorney General of the State of California ("Attorney General") at least 30 calendar days prior to termination of the authority of the registered agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five (5) calendar days prior to the termination of the existing agent appointment. The IMPORTER further agrees that if the agent terminates its agency appointment, the IMPORTER will provide notice to the Attorney General of the termination within five (5) calendar days and shall include proof to the Attorney General of the appointment of a new agent.

I hereby certify and declare that all of the statements and information contained in this Notice of Appointment, including but not limited to any accompanying statements and attachments, are true and complete and that I am a person authorized to bind the IMPORTER submitting this Notice of Appointment either under the laws of California or of the jurisdiction where the manufacturer resides or is organized. The failure to file this form is a basis for removal from the Directory of the manufacturer and its Brand Families for which the IMPORTER has agreed to Joint and Several Liability.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature of authorized representative for IMPORTER: _____

Authorized Representative (Print Name): _____

Title: _____

Principle Place of Business (physical address): _____

STATE OF _____)

COUNTY OF _____)

COUNTRY OF _____)

On _____, before me, _____ personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

My Commission expires: _____

New Form



**NOTICE OF APPOINTMENT OF REGISTERED AGENT AND
REGISTERED AGENT'S STATEMENT FOR IMPORTER
(Rev. & Tax Code § 30165.1)**

NAME AND ADDRESS OF CALIFORNIA STATE REGISTERED AGENT:

Name: _____

Street Address (Required-Must be within the state of California): _____

P.O. Box (Optional): _____

City and State: _____ Zip Code: _____

Telephone: _____ Facsimile Number: _____

E-mail address: _____

I consent to serve as the Registered Agent in the state of California for _____
(name of IMPORTER), pursuant to California Revenue and Taxation Code section 30165.1. I understand it will be my
responsibility to receive Service of Process on behalf of the IMPORTER; to forward mail to the IMPORTER; and to immediately
notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

This Notice of Appointment must be signed and dated in the presence of a notary public.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

STATE OF _____)

COUNTY OF _____)

COUNTRY OF _____)

On _____, before me, _____ personally appeared
_____ personally known to me (or proved to me on the basis of satisfactory
evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the
same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which
the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

My Commission expires: _____



CALIFORNIA TOBACCO MANUFACTURER AND IMPORTER
SURETY BOND

STATE OF _____ BOND NUMBER _____
COUNTY/CITY OF _____

KNOW ALL PEOPLE BY THIS DOCUMENT that we,

(Name of Tobacco Product Manufacturer or Importer for Non-U.S. Tobacco Product Manufacturer)

of _____

(Address of Tobacco Product Manufacturer or Importer for Non-U.S. Tobacco Product Manufacturer)

as Principal, doing business at

(Street address of Tobacco Product Manufacturer or Importer for Non-U.S. Tobacco Product - no P.O. Boxes)

And _____

(Name of Bonding Company)

Of _____

(Address of Bonding Company)

as Surety authorized to transact business in California, are held and firmly bound unto the STATE OF CALIFORNIA in the full and just sum of _____ THOUSAND DOLLARS AND ZERO CENTS, (\$ _____) to the payment of which we hereby bind ourselves, our heirs, administrators, executors, successors and assigns firmly by this document.

WHEREAS, pursuant to California Revenue and Taxation Code §30165.1(c)(4), to be listed on the California Tobacco Directory, a newly qualified or "elevated risk" nonparticipating manufacturer, or the United States importer of a newly qualified or "elevated risk" nonparticipating manufacturer that undertakes joint and several liability for the manufacturer's performance in accordance with California Revenue and Taxation Code section 30165.1(c)(4)(A), must post a bond in favor of the State of California, conditioned upon the performance by the nonparticipating manufacturer and, if applicable, its United States importer, of all of its escrow deposit duties and obligations under Article 3 (commencing with § 104555), for all penalties assessed in accordance with Article 3 (commencing with § 104555) of Chapter 1 of Part 3 of Division 103 of the Health and Safety Code, and for payment of all fees, costs, attorney's fees, penalties, and refunds imposed or required under California Revenue and Taxation Code section 30165.1, including, but not limited to, all refunds resulting from the removal of the manufacturer or any of its brand families from the directory.

NOW, THEREFORE, the condition of this obligation is such that if the above-named nonparticipating manufacturer and, if applicable, its importer, as principal, shall faithfully and truly fulfill all of its duties and obligations under Article 3 (commencing with § 104555) of Chapter 1 of Part 3 of Division 103 of the Health and Safety Code, California Revenue and Taxation Code § 30165.1, then this obligation shall be void, otherwise it shall remain in full force and effect.

The aggregate accumulated liability under this bond shall in no event exceed the penal sum named herein, for any and all claims which may accrue during the term thereof.

This bond shall become effective on the _____ day of _____, 20____, at twelve and one minute o'clock A.M., Pacific Time, and continues in effect until the Surety withdraws from this bond by giving 60 days advance written notice by registered mail to the Tobacco Litigation and Enforcement Section, Office of the Attorney General, P.O. Box 944255, Sacramento, California, 94244-2550, provided such withdrawal shall not release said Surety from any liability existing hereunder at the time of the effective date of the said withdrawal, and further provided that said 60 days shall begin to run on the day following receipt of notice by the Tobacco Litigation and Enforcement Section, Office of the Attorney General.

More particularly, all obligations existing on the effective date of Surety's withdrawal, including but not limited to escrow obligations, penalties, costs of investigation and attorneys' fees, shall continue to be protected by this bond, even though no cause of action has accrued at the time of the withdrawal, until the running of the statute of limitations on actions claiming against this bond.

New Form



CALIFORNIA TOBACCO MANUFACTURER AND IMPORTER
SURETY BOND

Signed, sealed and dated this _____ day of _____, 20_____.

Principal _____ (SEAL) Surety _____ (SEAL)

By _____ By _____

Signed and acknowledged by Surety's agent _____ before me
this _____ day of _____, 20_____.

My Commission expires: _____

Notary Public

Approved by: _____
Attorney General or designee

When completed, this bond should be mailed to the Tobacco Litigation and Enforcement Section, Office of the Attorney General, P.O. Box 944255, Sacramento, California 94244-2550.

I. INFORMATION FOR THE PREPARATION AND EXECUTION OF THIS BOND

- A. The legal name of principal on the bond should be fully and correctly stated and should precisely agree with the name of applicant on its local business license or articles of incorporation (Any material variation may delay acceptance of bond).
- B. The name in which business is conducted should follow the name or names of the principal where the applicant does business under a fictitious name.

Examples:

- Individual operating in own name: "Henry Smith"
- Individual owner operating in another name: "Henry Smith d/b/a/ City Extended Contract Provider"
- Partners operating in another name: "John Doe, Richard, Doe, and Mary Doe d/b/a Contract Provider"
- Corporation operating in own name: "Chase Company (a corporation)"
- Corporation operating in another name: "John Doe Enterprises, Inc. d/b/a Superior Contract Provider"

II. EXECUTION BY PRINCIPAL

If the principal of this bond is:

- A. An individual: This bond must be signed by the principal
- B. A partnership: This bond must be executed in the name of the partnership, and must be signed by at least one of the partners
- C. A corporation: This bond must be executed in the name of the corporation, and signed by its President or Vice President, with an impression of corporate seal affixed, and attested to by the Secretary or Assistant Secretary of the corporation.

III. EXECUTION BY SURETY

- A. This bond must be executed by a properly authorized person, whose title must be shown, with an impression of the corporate seal of the surety affixed; and;
- B. Attach an original or certified copy of Power-of-Attorney authorizing said execution.

