



STATE OF OHIO
NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER
QUARTERLY CERTIFICATE OF COMPLIANCE
 Pursuant to R.C. 1346.02 and 1346.05
 And Ohio Adm.Code 109:8-1-02 thru 109:8-1-03

Executive Agencies
 Tobacco Enforcement Unit
 30 E. Broad St., 26th Fl.
 Columbus, OH 43215-3428
 Telephone: (614) 387-5600
 Facsimile: (614) 387-5597
 www.ohioattorneygeneral.gov

PART 1: NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Complete company information below:

Company Name		TTB Tobacco Product Manufacturer Permit Number: TP	
Address		P.O. Box	
City/State/Zip/Country			
Telephone Number:	Fax Number	E-Mail Address	Website URL
Name/Title of Person Completing Form			
Address of Manufacturing Plant(s)			
Name of Factory Manager(s)		Phone Number of Factory Manager(s)	

B. This Quarterly Certification and Filing Deadlines are for the following period (check one):

- | | |
|---|--|
| <input type="checkbox"/> 1st Quarter 2012 – January 1 – March 31, 2012
⇒ Deposit to Oho Sub-Account deadline: April 30, 2012
⇒ Certification to Ohio Attorney General’s Office <u>must</u> be received by: May 10, 2012
⇒ Account ledger from bank <u>must</u> be received by May 10, 2012 | <input type="checkbox"/> Original <input type="checkbox"/> Amended |
| <input type="checkbox"/> 2nd Quarter 2012 – April 1 – June 30, 2012
⇒ Deposit to Oho Sub-Account deadline: July 30, 2012
⇒ Certification to Ohio Attorney General’s Office <u>must</u> be received by: August 10, 2012
⇒ Account ledger from bank <u>must</u> be received by August 10, 2012 | <input type="checkbox"/> Original <input type="checkbox"/> Amended |
| <input type="checkbox"/> 3rd Quarter 2012 – July 1, September 30, 2012
⇒ Deposit to Oho Sub-Account deadline: October 30, 2012
⇒ Certification to Ohio Attorney General’s Office <u>must</u> be received by: November 10, 2012
⇒ Account ledger from bank <u>must</u> be received by November 10, 2012 | <input type="checkbox"/> Original <input type="checkbox"/> Amended |
| <input type="checkbox"/> 4th Quarter 2012 – October 1 – December 31, 2012
⇒ Deposit to Oho Sub-Account deadline: January 30, 2012
⇒ Certification to Ohio Attorney General’s Office <u>must</u> be received by: February 10, 2012
⇒ Account ledger from bank <u>must</u> be received by February 10, 2012 | <input type="checkbox"/> Original <input type="checkbox"/> Amended |

Note: The Attorney General’s Office will not process incomplete or illegible certifications.

PART 2: STAMPING AGENT AS IDENTIFIED in R.C. 1346.04 (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Instructions for Manufacturer: List each distributor that stamps your cigarette brand(s) for sales in Ohio, and/or pays Ohio OTP tax on your RYO brand(s). For each distributor, provide the name, address, contact person and phone numbers. For each distributor, provide the sales volume for each brand family. The product manufacturer affirms that the following brand families are to be deemed its cigarettes for purposes of R.C. 1346.02 and 1346.05.

*List all brand families sold in Ohio during the Quarter covered by this certification.
 .09 oz. of RYO constitutes one unit.*

Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
Distributor Name:	Brand Family: Check One: – RYO – Cigarette	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		

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Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
	Check One:	
	- RYO	
	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
	Check One:	
	- RYO	
	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
	Check One:	
	- RYO	
	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
	Check One:	
	- RYO	
	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
	Check One:	
	- RYO	
	- Cigarette	
Distributor Name:	Brand Family:	Sales Volume per Manufacturer:
Contact Person's Title/Name:		
Distributor Address:		
Phone Number:		
	Check One:	
	- RYO	
	- Cigarette	

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PART 3: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT

Units sold during this reporting quarter: A.

Applicable rate¹: B.

Multiply A x B C.

⇒ Deposit to Ohio Sub-Account **must** be made no later than **30-days** after the end of the quarter. (See Page 1 for filing deadlines)

⇒ The financial institution is required to provide an account ledger including the above deposit directly to the Tobacco Unit of the Ohio Attorney General’s office. The account ledge **must** be provided no later than **10 days** after the quarterly deposit deadline. This serves as the official notice of the quarterly deposit and quarterly certification is not complete without it. (See Page 1 for filing deadlines)

PART 4: ADDITIONAL INFORMATION

Answer all of the following questions:

- A. The registered agent identified on this TPM’s most recent annual certification continues to be the registered agent for this TPM. ___ Yes ___ No
- B. The financial institution information provided on this TPM’s most recent annual certification remains accurate. ___ Yes ___ No
- C. The escrow agreement provided with this TPM’s most recent annual certification remains in force and unchanged. ___ Yes ___ No
- D. The TPM remains in full compliance with the PACT Act, including but not limited to: registering and filing monthly reports with the Ohio Department of Taxation as indicated on the most recent annual certification. ___ Yes ___ No

If the answer to A, B, C and/or D above is **NO**, please explain below and provide supporting documentation:

¹ R.C. 1346.02(B)(1) requires payments to be “adjusted for inflation.” R.C. 1346.01(A) defines “adjusted for inflation” as increases in accordance with the formula for inflation adjustment set forth in Exhibit C to the Master Settlement Agreement. Each year, this figure increases 3% or the actual inflation rates, which ever is greater. Because the actual inflation rate cannot be determined until the end of 2011, tobacco product manufacturers required to make quarterly escrow payments will be required, in their quarterly escrow payments, to deposit an amount that has been cumulatively adjusted for inflation by 3%. When the adjustment for inflation has been determined, manufacturers will be advised and then have until April 15, 2011, to deposit any additional money, if necessary, to satisfy the actual adjustment for inflation amount pursuant to Ohio’s NPM Statutes.

BchY. `HAY`5hrcfbYm; YbYfU`g`CZjW`k`J` bchdfcWgg]bVta d`YH`cf`J`Y[]V`Y`Wfh]WUjcbg"

PART 5: AFFIDAVIT OF NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER

**An authorized officer of the tobacco product manufacturer must sign this form.
This form must be notarized.**

Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1 A, as of the date of this certification, is a non-participating manufacturer in full compliance with all applicable sections of R.C. 1346.

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

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

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

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

Name of Owner/ Officer of Non-Participating Tobacco Product Manufacturer (print name) Title

Signature of Owner/Officer Date

Subscribed and sworn to this date: _____ State/County of: _____

Signature of Notary Public: _____ Notary Commission expires: _____

**Send completed Quarterly Certificate of Compliance and Attachments to:
Ohio Attorney General's Office
Tobacco Enforcement Unit - 455000
30 East Broad Street, 26th Floor
Columbus, Ohio 43215**

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