



**STATE OF OHIO
TOBACCO PRODUCT MANUFACTURER CERTIFICATE OF COMPLIANCE**

Pursuant to Ohio Revised Code §1346.02 and §1346.05
and Ohio Administrative Codes 109:8-1-01 thru 109:8-1-03

Mail this completed Certificate of Compliance and attachments to:

**Ohio Attorney General's Office
Tobacco Enforcement Section - 4130
30 East Broad Street, 16th Floor
Columbus, Ohio 43215**

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Complete company information below (please type or print):

| | |
|--------------------------------------|-------------|
| Company Name | |
| Address | |
| P.O. Box | |
| City/State/Zip/Country | |
| Telephone Number: | Fax Number |
| E-Mail Address | Website URL |
| Name/Title of Person Completing Form | |

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

- A participating manufacturer [Complete Parts 1, 2, 4 and 8]
- A non-participating manufacturer [Complete entire form except Part 2]

C. This form is (check one below):

- Initial Certification – Manufacturer is not currently listed on the Ohio Tobacco Directory.
- Annual Certification - Due April 30, 2007 for Ohio sales in 2006
- Supplemental Certification – Change of information provided to the Attorney General.

**PART 2: PARTICIPATING MANUFACTURER'S BRAND FAMILY IDENTIFICATION
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

The participating manufacturer identified in Part 1 has the brand families listed on pages 2 or 3 of this form and any attached addendum, each of which the manufacturer hereby affirms are to be deemed its cigarettes for the purposes of calculating its payments under the Master Settlement Agreement, in the volume and shares determined pursuant to the Master Settlement Agreement. Please note that pursuant to Ohio Revised Code §1346.05 (A)(4)(b) the Attorney General retains the discretion to determine that the cigarettes in a brand family constitute the cigarettes of another tobacco product manufacturer.

➔ NOTE: The Attorney General's Office will not process incomplete or illegible certifications.

PARTICIPATING MANUFACTURER'S BRAND FAMILY IDENTIFICATION

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

| Brand Family Name | Cigarette or RYO | Manufacturing Factory Information if Different Than Named In Part 1 | |
|-------------------|--|---|-------------------------|
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |



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| Brand Family Name | Cigarette or RYO | Manufacturing Factory Information if Different Than Named In Part 1 | |
|-------------------|--|---|-------------------------|
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | | Factory Phone Number: | Factory Fax Number: |
| | <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Factory Address: | |
| | | Factory Phone Number: | Factory Fax Number: |
| | | Factory Manager's Name: | Manager's Phone Number: |
| | | Factory Phone Number: | Factory Fax Number: |



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PART 3: NON-PARTICIPATING MANUFACTURERS BRAND FAMILY IDENTIFICATION

The non-participating manufacturer identified in Part 1 has the following brand families, each of which the tobacco product manufacturer affirms are to be deemed its cigarettes for purposes of ORC §§1346.02 and 1346.05. Please note that pursuant to Ohio Revised Code § 1346.05 (A)(4)(b) the Attorney General retains the discretion to determine that the cigarettes in a brand family constitute the cigarettes of another tobacco product manufacturer.

| | | | |
|--|---|------------------------------|---|
| <p>A. List all brand families sold in the 2006 calendar year and at any time in the current calendar year. Indicate by an asterisk (*) any brand no longer being sold in Ohio as of the date of this certification.</p> <p>B. .09 oz. of RYO constitutes one unit.</p> <p>C. Please include factory information if different than listed in Part 1.</p> <p>D. Attach additional sheets if necessary.</p> | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |

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| | | | |
|---|--|-------------------------------------|--------------------------------|
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: |
| | | | Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: |
| | | | Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: |
| | | | Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: |
| | | | Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: |
| | | | Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |
| Brand Family Name: | Cigarettes or Roll-Your-Own <input type="checkbox"/> Cigarette <input type="checkbox"/> RYO | Units sold in Ohio for 2006: | Factory Manager's Name: |
| | | | Manager's Phone No.: |
| Factory Address: | | Factory Phone No.: | Factory Fax No.: |
| Previous Manufacturer (Name & Address) | | | |



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PART 6: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT

Check one below:

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

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

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

PART 7: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT

A. Escrow Account Information

The non-participating manufacturer identified in Part 1 has established and continues to maintain the following qualified escrow fund under ORC 1346.02.

| | |
|---|-------------------------|
| Name of Financial Institution | |
| Address | City/State/Zip/Country |
| Contact Name/Title | |
| Telephone Number: | Fax Number |
| Escrow Account Number | Ohio Sub-Account Number |
| Provide name of any security interest in escrow account | |

B. The Financial Institution noted in Part 7A of this certification, is required to provide the following:

- I. An executed copy of the Non-Participating Manufacturer's current Escrow Agreement, along with any amendments or attachments.
- II. Proof of amount and date of deposit to Ohio's segregated sub-account for 2006 sales.
- III. Current account ledger of the tobacco product manufacturer's segregated sub-account for Ohio.
- IV. Provide name of any security interest in escrow account.

NOTE: The above listed items are part of the Certification and **must** be sent to the Ohio Attorney General's Office directly from the named financial institution. These items are due by **April 30, 2007**.

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C. Escrow calculation and deposit for sales in Ohio in 2006.

| | |
|---|------------------------------|
| 1. Show on Line A, the total units sold by non-participating manufacturer in Ohio during calendar year 2006: | A. _____ (units) |
| 2. On Line B, the applicable rate per unit sold in 2006 is the base rate per unit sold, \$0.0167539, plus the inflation adjustment of \$0.0046882 per unit. | B. \$0.0214421 |
| 3. Multiply Line A and B to determine the escrow deposit for 2006 sales in Ohio: | C. _____ (multiply A x B) |
| DEPOSIT TO OHIO SEGREGATED SUB-ACCOUNT MUST BE MADE BY <u>APRIL 16, 2007</u> | |

D. Escrow Deposits Previously Made for 2006 Sales.

| | Date of Deposit | Amount of Deposit |
|---------------------------------|-----------------|-------------------|
| 1 st Quarter Deposit | | |
| 2 nd Quarter Deposit | | |
| 3 rd Quarter Deposit | | |
| 4 th Quarter Deposit | | |
| Annual Deposit | | |

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

Withdrawals must comply with ORC § 1346.02 and verification of compliance must be provided.

| Date | Deposit | Withdrawal | Balance |
|------|---------------|---------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | Total: | Total: | Total: |

Send completed Certificate of Compliance and attachments to:
**Ohio Attorney General's Office
 Tobacco Enforcement Section - 4130
 30 East Broad Street, 16th Floor
 Columbus, Ohio 43215**

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PART 8: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

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

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 and/or brands qualify 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.

On behalf of the Applicant the undersigned agrees that any action or proceeding against it arising from enforcement of the provisions of Ohio Revised Code §1346.01 through §1346.10 and any rules promulgated pursuant to these statutes, may be commenced against Applicant in any state court within Ohio, that the laws of the State of Ohio will govern such proceedings, and that Applicant waives any immunity from suit, liability, judgment and collection that Applicant may possess.

Participating Manufacturer: 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 participating manufacturer in full compliance with all applicable sections of Chapter 1346 of the Ohio Revised Code, and with the MSA amendment and or agreement applicable to its admission into the MSA.

Non-Participating Manufacturer: Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1A, as of the date of the certification, is a non-participating manufacturer in full compliance of all applicable sections of Chapter 1346 of the Ohio Revised Code.



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

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

Signature of Officer Date

Subscribed and sworn to this date: _____

County of: _____

Signature of Notary Public: _____

Notary Commission expires: _____



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CHECK LIST FOR COMPLETING CERTIFICATE OF COMPLIANCE FORM

Pursuant to ORC § 1346.07 (C), the attorney general may require a tobacco product manufacturer to submit any additional information necessary to enable the attorney general to determine whether a manufacturer is in compliance with Sections 1346.05 to 1346.10.


A. Participating Manufacturers Checklist

- Parts 1, 2, 4 and 6 must be completed in their entirety;
- Brand families have been listed **and** “Cigarettes” or “RYO” are checked;
- Brands that are **not** being sold in the current year have been marked with an asterisk (*);
- Copy of TTB permit enclosed;
- Name, address and phone number of trademark owner(s) enclosed;
- Copy of CDC compliance letter(s) enclosed;
- Copy of FTC approval letter(s) enclosed;
- Package samples enclosed;
- Certificate of Compliance is signed by an authorized officer of the tobacco product manufacturer; and
- Certificate of Compliance is notarized.

B. Non-Participating Manufacturers Checklist

- All** parts of Certificate of Compliance are completed **except**, Part 2;
- If registered agent has been appointed, letter from agent accepting appointment is attached;
- Current escrow agreement and any attachments and amendments are attached;
- Proof of escrow deposit for previous year’s sales are attached;
- Current escrow account statement from financial institution for Ohio sub-account is attached;
- Copy of TTB permit enclosed;
- Name, address and phone number of trademark owner(s) enclosed;
- Copy of CDC compliance letter(s) enclosed;
- Copy of FTC approval letter(s) enclosed;
- Package samples enclosed;
- Certificate of Compliance is signed by an authorized officer of the non-participating manufacturer; and
- Certificate of Compliance is notarized.

NOTE: Incomplete and/or illegible Certificate of Compliance forms and its attachments will be returned.

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