

INSTRUCTIONS FOR ELECTRONIC SUBMISSION NPM QUARTERLY CERTIFICATION

- * The Quarterly Certificate of Compliance must be submitted electronically.
- * Two items must be **mailed** to the Ohio Attorney General's Office:
 - 1. The fully executed Affidavit of the Tobacco Product Manufacturer; and
 - 2. If packaging has changed or has never been submitted for a brand family
 - a flat empty carton or pack <u>must be mailed</u>.

BEFORE YOU BEGIN - PLEASE READ CAREFULLY

Quarterly Certificate of Compliance

Click to Add Another Page

This button is located in Part 2. In some instances this page must be duplicated

due to the number of distributors a manufacturer uses. In the event that more space is needed – click this button and another page will be attached, following the current page. This page can be duplicated as many times as necessary

Part 3 offers a self-calculating table.

Enter total units sold during the reporting quarter in box A and the total escrow deposit for that reporting quarter will be calculated automatically in box C.

Print This Page

This button is located in Part 5. This button will only print this page. Please fill

this form out electronically and then print to add signatures of the Owner/Officer and Notary Public along with the notary stamp.

The Affidavit MUST be fully executed and mailed to:
Ohio Attorney General's Office
Tobacco Enforcement Unit – 455000
30 East Broad Street, 26th Floor
Columbus, Ohio 43215



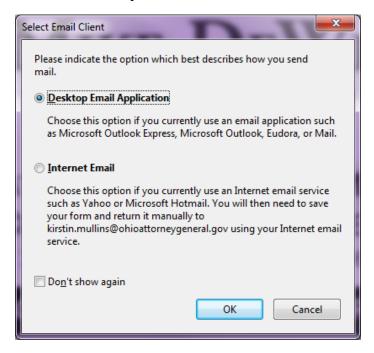
Add Attachments

Click this button if there are any documents you wish to attach.

Submit Form

Once the Quarterly Certificate of Compliance has been completed and all attachments

have been attached – click this button and follow the pop-up screen prompts to electronically submit the certification and required attachments.



PLEASE NOTE
The Affidavit must be fully executed and mailed to this office.



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 109:8-1-01 thru 109:8-1-03

PART 1: NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A.	Con	nplete compan	y information below:					
Com	pany Na	ame					TTD	Permit Number
Addr	ess					P.O. Box	IID	Permit Number
City/	State/Z	Zip/Country						
Telep	ohone N	Number:	Fax Number	E-Mail Add	dress		Website URL	
Nam	e/Title	of Person Completing For	m	1			-	
Addr	ess of N	Manufacturing Plant(s)						
, laa.		nanadamig nan(o)						
Nam	e of Fac	ctory Manager(s)			Phone Number of	of Factory Mar	nager(s)	
B.	This	s Quarterly Cert	tification and Filing Dead	lines are	e for the fo	ollowing	period (check	one):
		e qualitating cont			0 101 (110 11		portou (ortoor	
		1 st Quarter 20	13 - January 1 - March 31	1, 2013			Original	Amended
	\rightarrow	-	o Sub-Account deadline: A	•				
	\rightarrow		o Ohio Attorney General's O	· · · · · · · · · · · · · · · · · · ·		•	May 10, 2013	3
	\rightarrow	Account ledge	r from bank <u>must</u> be receiv	ed by M a	ay 10, 201	3		
		2 nd Quarter 20)13 – April 1 – June 30, 20	13			Original	Amended
	\rightarrow	Deposit to Oho	Sub-Account deadline: J	luly 30, 2	2013			
	\rightarrow	Certification to	o Ohio Attorney General's O	ffice <u>mu</u>	st be receiv	ved by:	August 10, 20	013
	\rightarrow	Account ledge	r from bank <u>must</u> be receiv	ed by Au	ıgust 10, 2	013		
		3rd Quarter 20	13 – July 1, September 30	2013			☐ Original	☐ Amended
	\rightarrow	_	•		30, 2013		ongman	
	-	•	Ohio Attorney General's Off		•	ed by:	November 10	, 2013
			from bank must be received					,
	_			-		•		
	Ц	•	13 - October 1 - December	•			Original	Amended
	\rightarrow	•	Sub-Account deadline: J	•	•	ما ادن	Fabrus : 40	0040
			•			•	repruary 10,	2013
	$\begin{array}{c} \rightarrow \\ \rightarrow \\ \rightarrow \end{array}$	Certification to	o Ohio Attorney General's O r from bank <u>must</u> be receiv	ffice mus	st be receiv	•	February 10,	2013

PART 2: STAMPING AGENT AS IDENTIFIED IN R.C. 1346.04

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:	Sales Volume:
Contact Person's Title/Name:		Sales volume.
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Colon Valumos
Contact Person's Title/Name:		Sales Volume:
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		Sales volume:
Distributor Address:	☐ RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		Sales volume.
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		odios volunie.
Distributor Address:	RYO	
Phone Number:	CIGARETTE	

Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		Sales volume:
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		Sales volume.
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		Jaies volume.
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Distributor Name: Contact Person's Title/Name:	Brand Family:	Sales Volume:
	Brand Family:	Sales Volume:
Contact Person's Title/Name:		Sales Volume:
Contact Person's Title/Name: Distributor Address:	RYO	Sales Volume:
Contact Person's Title/Name: Distributor Address:	RYO	
Contact Person's Title/Name: Distributor Address: Phone Number:	RYO CIGARETTE	Sales Volume: Sales Volume:
Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name:	RYO CIGARETTE	
Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name: Contact Person's Title/Name:	RYO CIGARETTE Brand Family:	
Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name: Contact Person's Title/Name: Distributor Address:	RYO CIGARETTE Brand Family:	
Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name: Contact Person's Title/Name: Distributor Address:	RYO CIGARETTE Brand Family:	Sales Volume:
Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name: Contact Person's Title/Name: Distributor Address: Phone Number:	RYO CIGARETTE Brand Family: RYO CIGARETTE	
Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name: Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name:	RYO CIGARETTE Brand Family: RYO CIGARETTE	Sales Volume:
Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name: Contact Person's Title/Name: Distributor Address: Phone Number: Distributor Name: Contact Person's Title/Name:	RYO CIGARETTE Brand Family: RYO CIGARETTE Brand Family:	Sales Volume:

PART 3: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT

Units Sold During this Reporting Quarter	А	
Applicable Rate ¹	В	
Multiply A × B	С	

- → Deposit to Ohio Sub-Account <u>must</u> 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 ledger <u>must</u> 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, whichever is greater. Because the actual inflation rate cannot be determined until the end of 2013, 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, 2014, to deposit any additional money, if necessary, to satisfy the actual adjustment for inflation amount pursuant to Ohio's NPM Statutes.

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)			
Signature of Owner/Officer		Date	
Subscribed and sworn to this date:	State/County of:		
Signature of Notary Public:	Notary Commission expires:		