



OFFICE OF THE ARIZONA ATTORNEY GENERAL

STATEMENT OF RESIDENT AGENT

Instructions: Both parties shall complete their respective sections of the form. Once completed, attach the original to your Directory Statute Certification Form and return the entire packet to the address listed at the bottom of the page.

A. Tobacco Product Manufacturer

_____ hereby appoints _____
(Tobacco Product Manufacturer) (Resident Agent)
as its Resident Agent in Arizona to accept service of process on its behalf, recognizing that proper service on the Agent constitutes legal and valid service of process on itself.

Signature _____ Date _____

Print Name _____

Title _____

B. Resident Agent

Name _____

Street and Number (*Must be in Arizona State*) _____

P.O. Box (*Optional – Must be in same city as street address*) _____

City _____, AZ Zip _____

Telephone _____ Email _____

I consent to serve as Resident Agent in the State of Arizona for the above-named Tobacco Product Manufacturer (TPM), pursuant to A.R.S. § 44-7111(4). I understand it shall be my responsibility to accept service of process for the TPM regarding any action or proceeding against it, and that I may be served in any manner authorized by law. In the event I resign or any of my contact information changes, I shall immediately notify the TPM and the Office of the Arizona Attorney General of such information.

Signature _____ Date _____

Print Name _____