STATE OF ARIZONA
TOBACCO PRODUCT MANUFACTURER
ARIZONA CIGARETTE DIRECTORY
CERTIFICATION PURSUANT TO A.R.S. § 44-7111

GENERAL INFORMATION

Definitions:

1. "Brand Family" means all styles of Cigarettes sold under the same trade mark and differentiated from one another by means of additional modifiers or descriptors, including, but not limited to, "menthol", "lights", "kings" and "100s", and includes any brand name (alone or in conjunction with any other word), trademark, logo, symbol, motto, selling message, recognizable pattern of colors, or any other indicia of product identification identical or similar to, or identifiable with, a previously known brand of Cigarettes. [A.R.S. § 44-7111(2)(a)].

2. "Cigarette" has the same meaning prescribed in A.R.S. § 44-7101(2)(d).

3. "Directory" means the Directory described in A.R.S. § 44-7111(3)(b).

4. "Distributor" has the same meaning prescribed in A.R.S. § 42-3001.

5. "Master Settlement Agreement" has the same meaning prescribed in A.R.S. § 44-7101(2)(e).

6. "Non-Participating Manufacturer" means any Tobacco Product Manufacturer that is not a Participating Manufacturer. [A.R.S. § 44-7111(2)(g)].

7. "Participating Manufacturer" has the same meaning prescribed in Section II(jj) of the Master Settlement Agreement and all amendments thereto. [A.R.S. § 44-7111(2)(h)].

8. "Qualified Escrow Fund" has the same meaning prescribed in A.R.S. § 44-7101(2)(f).

9. "Resident Agent" has the same meaning prescribed in A.R.S. § 44-7111(4)(a).

10. "Tobacco Product Manufacturer" has the same meaning prescribed in A.R.S. § 44-7101(2)(i).

11. "Units Sold" has the same meaning prescribed in A.R.S. § 44-7101(2)(k).

When is This Certification Due?

This Certification must be executed and delivered any time a Tobacco Product Manufacturer seeks to be listed in the Directory. [A.R.S. § 44-7111(3)]. Thereafter, the Certification must be executed and delivered no later than April 30th of each year. [A.R.S. § 44-7111(3)(a)]. In addition, a Tobacco Product Manufacturer must execute and deliver a Supplemental Certification to the Arizona Attorney General when requesting any addition to or modification of its Brand Families. Please note that the Supplemental Certification requesting the addition or modification does not relieve the Brand Families from the prohibitions set forth in A.R.S. §§ 44-7111(3)(c) and 6(d) until after the request is approved by the Attorney General and the addition or modification to the Brand Families is reflected on the Directory itself. [A.R.S. § 44-7111(3)(a)(1)-(2)]. Also, all waivers of sovereign immunity, importer declarations, and bond certifications **MUST** be submitted as attachments to an Initial, Annual, or Supplemental Certification as required under A.R.S. § 44-7111. [A.R.S §§ 44-711 3(e), (h)]. Finally, as to all Certifications required under A.R.S. § 44-7111, if the Certification is rejected by the Attorney General due to incompleteness or incorrectness, the Tobacco Product Manufacturer may not submit supplemental documentation to try to cure the defect. Instead, the Tobacco Product Manufacturer must execute and deliver an entirely new Certification to the Attorney General. [A.R.S. § 44-7111(3)(a)].

The Completed Certification Must be Delivered to:

The Office of the Attorney General
Tobacco Enforcement Unit
1275 W. Washington St.
Phoenix, AZ 85007-2926

Records Retention Requirement:

Tobacco Product Manufacturers shall maintain all invoices, documentation of sales, and other information relied upon for the Certification for a period of five (5) years, unless otherwise required by law to maintain them for a greater period of time. [A.R.S. § 44-7111(3)(a)(5)].

Compliance With Other Statutes:

The fact that a Tobacco Product Manufacturer or Brand Family is listed in the Directory merely means that the Tobacco Product Manufacturer and/or Brand Family have been approved pursuant to A.R.S. § 44-7111(3). It does not mean that they are compliant with other Arizona State laws applicable to the sale and/or distribution of Cigarettes, such as A.R.S. § 42-3210. Importantly, a Non-Participating Manufacturer's failure to comply with any applicable state or federal law, including, but not limited to, A.R.S. §§ 44-7101 and 44-7111, is grounds for its removal from the Directory. [A.R.S. § 44-7111(3)(b)(i)].

SPECIFIC INSTRUCTIONS

Part 1: Identification of the Purpose of the Certification: Identify whether the Certification being submitted is an Initial, Annual, or Supplemental Certification. In regard to **Initial** and **Annual Certifications**, this entire form must be completed.

In the event the Tobacco Product Manufacturer is submitting a Supplemental Certification, the Certification need only be completed with regard to the reason for the Supplemental Certification (as well as Parts 1, 2, & 8). Such reasons include, but are not limited to: a change in Resident Agent; an amendment to the Escrow Agreement; a modification to the Non-Participating Manufacturer's bond; or a request to list an additional Brand Family(ies). For example, if the Tobacco Product Manufacturer is only requesting the removal of a Brand Family(ies), it need only complete Parts 1, 2, 7 & 8 of this Certification.

Part 2: Tobacco Product Manufacturer Identification: Identify the Tobacco Product Manufacturer's name, physical address, mailing address, telephone and fax numbers, and the name, title, phone, and email address of the person completing the Certification. Next, certify whether the Tobacco Product Manufacturer, as of the date of this Certification's execution, is a: (i) Participating Manufacturer; or (ii) Non-Participating Manufacturer in full compliance with A.R.S. § 44-7101(3)(b).

Part 3: Brand Family Identification: Only the Brand Families listed in the Certification may be included in the Directory.

A Tobacco Product Manufacturer that is not currently listed in the Directory must submit an Initial Certification subject to the same requirements and review process set forth in A.R.S. § 44-7111 for Annual Certifications. The Tobacco Product Manufacturer's Brand Families remain subject to the prohibitions set forth in A.R.S. §§ 44-7111(3)(c) and 6(d) until the request is formally approved by the Attorney General and the modification is reflected on the Directory itself. [A.R.S. § 44-7111(3)(a)(6)].

A. Participating Manufacturers

A Participating Manufacturer shall list its Brand Families. [A.R.S. § 44-7111(3)(a)(1)]. A Participating Manufacturer may not include a Brand Family in its Certification unless it affirms that the Brand Family is to be deemed its Cigarettes for purposes of calculating its payments under the Master Settlement Agreement for the

relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement. [A.R.S. § 44-7111(3)(a)(4)].

The Participating Manufacturer shall update its list of Brand Families thirty (30) calendar days prior to any addition to, or modification of, its Brand Families by executing and delivering a Supplemental Certification to the Attorney General. [A.R.S. § 44-7111(3)(a)(1)].

B. Non-Participating Manufacturers

1. A Non-Participating Manufacturer shall: (i) include a list of all its Brand Families that it is requesting be listed in the Directory and the corresponding Units Sold during calendar years 2016 and 2017; (ii) identify by name and address any other manufacturer of its Brand Families in 2016 or 2017; and (iii) identify whether each brand listed in the 3.B chart is a Cigarette or roll-your-own tobacco. [A.R.S. § 44-7111(3)(a)(2)]. A Non-Participating Manufacturer may not include a Brand Family in its Certification unless it affirms that the Brand Family is to be deemed its Cigarettes for purposes of A.R.S. § 44-7101(3)(b). [A.R.S. § 44-7111(3)(a)(4)].

2. The Non-Participating Manufacturer shall, for both 2016 and 2017, provide a list of all the residential and nonresidential Arizona-licensed distributors who: 1) the Applicant sold Cigarettes to; or 2) the Applicant believes or has reason to believe purchased or received any of the Applicant's Cigarettes from another source. [A.R.S. § 44-7111(3)(a)(2)].

The Non-Participating Manufacturer shall deliver a Supplemental Certification to the Attorney General to request any addition to, or modification of, its Brand Families, and the prohibitions set forth in A.R.S. §§ 44-7111(3)(c) and 6(d) remain in effect until the brand is listed in the Directory. [A.R.S. § 44-7111(3)(a)(2)].

Part 4: Non-Participating Manufacturer Certification

B. Resident Agent for Service of Process

Certify whether the Non-Participating Manufacturer is: (i) domiciled in the State of Arizona; (ii) a non-resident or foreign Non-Participating Manufacturer that has registered to do business in Arizona as a foreign corporation or business entity; or (iii) a Non-Participating Manufacturer that has appointed a Resident Agent for service of process, pursuant to A.R.S. § 44-7111(4), on whom all process, and any action or proceeding against it concerning or arising out of the enforcement of A.R.S. §§ 44-7101 and 44-7111, may be served in any manner authorized by law. [A.R.S. § 44-7111(4)(a)].

If the Non-Participating Manufacturer has appointed a Resident Agent for service of process, please supply the information requested on the Certification and then attach as an exhibit a completed Arizona Resident Agent Statement form, found at https://www.azag.gov/tobacco/forms.

Note: The Non-Participating Manufacturer shall provide notice to the Attorney General thirty (30) days prior to the termination of the authority of a Resident Agent and shall further provide proof, to the satisfaction of the Attorney General, of the appointment of a new Resident Agent not less than five (5) calendar days prior to the termination of the existing agency appointment. [A.R.S. § 44-7111(4)(b)]. In the event a Resident Agent terminates an agency appointment, the Non-Participating Manufacturer shall notify the Attorney General of the termination within five (5) calendar days and shall include proof, to the satisfaction of the Attorney General, of the appointment of a new Resident Agent. [A.R.S. § 44-7111(4)(b)].

C. Qualified Escrow Fund – Financial Institution

Identify: (i) the name, mailing address, and telephone number of the financial institution where the Non-Participating Manufacturer has established a Qualified Escrow Fund pursuant to A.R.S. § 44-7101(3)(b); (ii) the account number of such Qualified Escrow Fund and any sub-account number for the State of Arizona [A.R.S. § 44-7111(3)(a)(3)(D)]; and (iii) the name, phone number, and email address of a representative of the financial

institution who is knowledgeable about the Qualified Escrow Fund. Also, state whether the Escrow Agreement has been approved by the Attorney General.

Either: (i) attach as an exhibit a copy of the Non-Participating Manufacturer's Escrow Agreement; or (ii) state that the Escrow Agreement in the form attached to the most recent Certification, submitted pursuant to A.R.S. § 44-7111 and deemed complete and acceptable by the Attorney General, is still in full force and effect without amendment or modification.

D. Escrow Deposit/Withdrawal History for Arizona

Attach as an exhibit copies of records of the financial institution establishing: (i) the amount the Non-Participating Manufacturer deposited in the Qualified Escrow Fund for Units Sold in Arizona during 2016 as well as the date and amount of each deposit; (ii) the amount and date of any withdrawal or transfer of funds the Non-Participating Manufacturer made at any time from the Qualified Escrow Fund into which it ever made escrow payments pursuant to A.R.S. § 44-7101; and (iii) the total amount of funds held in escrow for the benefit of the State of Arizona. *Note*: All withdrawals must comply with A.R.S. § 44-7101(3)(b)(2) and verification of compliance must be provided.

In the alternative to providing the foregoing information, the Applicant may certify that it has not deposited, nor has it been required to deposit during any year, any money into a Qualified Escrow Fund for the benefit of the State of Arizona, pursuant to A.R.S. § 44-7101, on account of Units Sold in Arizona.

E. Bond Requirement

Every Non-Participating Manufacturer must post a bond for the exclusive benefit of Arizona. [A.R.S. § 44-7111(3)(d)]. Information about Arizona's surety bond requirement can be found at https://www.azag.gov/tobacco/faq. Pick one of the two options and attach the form and bond if necessary.

F. Immunity Waivers

Please select the waiver option that applies (every Non-Participating Manufacturer must choose one of the waiver options) and attach the applicable form if necessary.

Part 5: Non-Participating Manufacturer Certification – Status as a Tobacco Product Manufacturer: The Applicant must respond completely and accurately to the questions in Part 5 concerning the Applicant's status as the Tobacco Product Manufacturer of the Brand Families listed in the Certification. The Applicant must re-print the questions, answer each, and then attach the completed document as an exhibit which shall be incorporated into Part 5 of this Certification as if set forth fully therein. The information is provided as the Applicant's sworn statement under penalty of perjury. All materials provided in support of the Applicant's responses to the questions in Part 5 which are written in a language other than English must be translated into English in order to be considered.

Part 6: Participating and Non-Participating Manufacturers – PACT Act, Fire-Safe, and Flavored Cigarettes: Part 6 applies to both Participating and Non-Participating Manufacturers. With regard to the Applicant's non-direct Cigarette sales activity, mark which paragraph applies or provide a statement as to why none apply, labeled and attached as an exhibit. State whether the Applicant is registered with the United States Attorney General and the Department of Revenue as required under the PACT Act. Provide as an exhibit the proof that the Tobacco Product Manufacturer's Brand Families, certified in Part 3.A or 3.B, are in compliance with Arizona's Reduced Cigarette Ignition Propensity Statute. Also, identify whether the Tobacco Product Manufacturer's Brand Families, certified in Part 3.A, are in compliance with flavored cigarette restrictions contained in 21 U.S.C.A. § 387(g). Acknowledge that certain laws apply to sales of Cigarettes in Arizona.

Part 7: Removal of Brand Families: Part 7 need only be completed if the Tobacco Product Manufacturer is already listed in the Directory and is requesting the removal of one or more of its Brand Families listed in the Directory. Please list the Brand Family(ies) that the Tobacco Product Manufacturer is requesting be removed from the Directory. **If the Tobacco Product Manufacturer is only requesting the removal of a Brand Family(ies), please only complete Parts 1, 2, 7 & 8 of this Certification**.

Part 8: Execution by Authorized Designees: The Designee executing this Certification must be an employee of the Tobacco Product Manufacturer identified in Part 2, and authorized to execute this Certification on the Manufacturer's behalf. The Designee's name and title must be printed, and the Certification executed, in the presence of an authorized notary. All signatures and the notary seal must be original. Photocopies, email scans, or facsimile transmissions of Part 8 are unacceptable, and will result in the Certification being rejected as incomplete.

STATE OF ARIZONA
TOBACCO PRODUCT MANUFACTURER
CERTIFICATION PURSUANT TO A.R.S. § 44-7111

NOTICE: This Certification must be filled out completely and accurately. All documentation submitted in support of this Certification must be clearly referenced, conspicuously labeled, and attached. Failure to respond to each question, or to properly reference, label, and attach supporting documentation may result in the Certification being rejected as incomplete.

Part 1: Identification of the Purpose of the Certification

Indicate the purpose for which this Certification is being submitted (check one of the three options below):

_____ **Initial Certification** (i.e., for Tobacco Product Manufacturers not currently listed in the Directory). The entire Certification must be completed.

_____ **Annual Certification** (i.e., for Tobacco Product Manufacturers currently listed in the Directory and due annually by April 30th). The entire Certification must be completed.

_____ **Supplemental Certification** (Refer to instructions in Part 1 of Page 2 to determine if a Supplemental Certification is appropriate.) The Certification need only be completed with regard to the reason for the Supplemental Certification (as well as Parts 1, 2 & 8). For example, if the Tobacco Product Manufacturer is requesting the removal of a Brand Family(ies) only, it need only complete Parts 1, 2, 7, & 8.

Part 2: Tobacco Product Manufacturer Identification

Tobacco Product Manufacturer: _____
Physical Address (no post office box):_____
Mailing Address: _____
Phone: _____ Fax: _____
Email: _____ Website Address: _____
Name/Title of Person Completing Certification: _____
Phone of Person Completing Certification: _____ Email: _____

The Tobacco Product Manufacturer identified above is, as of the date on this Certification (check one):

_____ A Participating Manufacturer under the Master Settlement Agreement.

_____ A Non-Participating Manufacturer in full compliance with A.R.S. § 44-7101(3)(b).

Part 3: Brand Family Identification

A. Participating Manufacturers (check one of the two statements below):

_____ The Participating Manufacturer, identified in Part 2, has listed its Brand Families in the table below, each of which the Participating Manufacturer hereby affirms are to be deemed its Cigarettes for purposes of calculating its payments under the Master Settlement Agreement for the relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement.

_____ As an alternative to filling out the table on the following page, the Participating Manufacturer hereby attaches as **Exhibit** _____ (insert exhibit number) a list of its Brand Families, each of which the Participating Manufacturer hereby affirms is to be deemed its Cigarettes for purposes of calculating its payments under the Master Settlement Agreement for the relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement. (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. It shall be deemed incorporated into Part 3.A as if set forth fully herein.)

Brand Families			

B. Non-Participating Manufacturers

1. Check one of the two statements:

_____ The Non-Participating Manufacturer, identified in Part 2, has listed its Brand Families in the table below, each of which the Non-Participating Manufacturer affirms is to be deemed its Cigarettes for purposes of A.R.S. § 44-7101(3)(b).

_____ As an alternative to filling out the table below, the Non-Participating Manufacturer hereby attaches as **Exhibit** _____ (insert exhibit number) a list of Brand Families, each of which the Non-Participating Manufacturer affirms are to be deemed its Cigarettes for purposes of A.R.S. § 44-7101(3)(b), and the other information required in the table below. (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. It shall be deemed incorporated into Part 3.B as if set forth fully herein.)

Brand Family	Units Sold in 2016	Units Sold Thus Far in 2017	Name and Address of Other Manufacturers of Brand Family in Either 2016 or 2017	Cigarette or Roll-Your-Own

2. Check one of the two statements:

_____ The Non-Participating Manufacturer identified in Part 2 has listed in the table below, for both 2016 and 2017, a list of all the residential and nonresidential Arizona-licensed distributors who: 1) the Applicant sold Cigarettes to; 2) the Applicant believes or has reason to believe purchased or received any of the Applicant's Cigarettes from another source; and/or 3) the Applicant has reason to believe **WILL** purchase or receive any of the Applicant's Cigarettes, whether directly from the Applicant or from another source, for purposes of A.R.S. § 44-7111(3)(a)(2).

_____ As an alternative to filling out the table below, the Non-Participating Manufacturer hereby attaches as **Exhibit** _____ (insert exhibit number) a list, for both 2016 and 2017, of all the residential and nonresidential Arizona-licensed distributors who: 1) the Applicant sold Cigarettes to; 2) the Applicant believes or has reason to believe purchased or received any of the Applicant's Cigarettes from another source; and/or 3) the Applicant has reason to believe **WILL** purchase or receive any of the Applicant's Cigarettes, whether directly from the Applicant or from another source, for purposes of A.R.S. § 44-7111(3)(a)(2). (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. It shall be deemed incorporated into Part 3.B as if set forth fully herein.)

2016	2017

Part 4: Non-Participating Manufacturer Certification

A. Exhibits and Attachments – initial below

_____ By initialing here, the tobacco product manufacturer acknowledges that the attached exhibits and attachments and their contents are current, complete, and accurate.)

B. Resident Agent for Service of Process (check one of the options below):

1. _____ The Non-Participating Manufacturer, identified in Part 2, is domiciled in the State of Arizona.

2. _____ The Non-Participating Manufacturer, identified in Part 2, is a non-resident or foreign Non-Participating Manufacturer that has registered to do business in the State of Arizona as a foreign corporation or business entity.

3. _____ The Non-Participating Manufacturer, identified in Part 2, has appointed and continues to engage, the Resident Agent identified on the Arizona Resident Agent Statement attached hereto at **Exhibit** _____ (insert exhibit number; the attached exhibit must be *conspicuously labeled* as an exhibit; it shall be deemed incorporated into Part 4.B as if set forth fully herein) for service of process on which all process, and any action or proceeding against it concerning or arising out of the enforcement of A.R.S. §§ 44-7101 & 44-7111, may be served in any manner authorized by law. Proof of appointment and availability of the Resident Agent must be provided using Arizona's Resident Agent Statement form, found at https://www.azag.gov/tobacco/forms.

_____ (**Not an option if the form has changed - please check online):** In the alternative, the Tobacco Product Manufacturer, identified in Part 2, hereby swears its Resident Agent Statement attached to the Certification signed on _____ (enter date Certification was signed by month/day/year) and submitted pursuant to A.R.S. § 44-7111, which was deemed complete and accepted by the Attorney General, is still in full force and effect without amendment or modification. (When choosing this option, the Tobacco Product Manufacturer need not attach as an exhibit a copy of its Resident Agent Statement).

C. Qualified Escrow Fund

1. Financial Institution

Name of Institution: _____
Mailing Address: _____
Representative Name: _____Representative Phone:_____
Representative Email: _____
Qualified Escrow Fund Account No: _____ Arizona Sub-account No: _____

2. If the above-referenced financial institution is not the original Escrow Agent for the Qualified Escrow Fund created and maintained for the benefit of Arizona, please provide (i) the names, phone numbers, and email addresses for all previous Escrow Agents; and (ii) the date of removal of each. Information regarding any former Escrow Agents is attached hereto as **Exhibit** _____ (insert exhibit number). (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. It shall be deemed incorporated into Part 4.C as if set forth fully herein.)

3. Are the funds that are deposited in the above-referenced Qualified Escrow Fund for the benefit of Arizona deposited in a segregated sub-account, separate and apart from any funds deposited for the benefit of any other beneficiary?
_____ Yes _____ No (Check one.)

If the Applicant answered 'No', the Applicant must provide an explanation as to the manner in which the funds are held in escrow. This explanation shall be attached hereto as **Exhibit** _____ (insert exhibit number). (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. It shall be deemed incorporated into Part 4.C as if set forth fully herein.)

4. Read the statements below and select the applicable statement by checking the space next to it (check only one):

_____ An executed copy of the Non-Participating Manufacturer's Escrow Agreement is attached hereto as **Exhibit** _____ (insert exhibit number). (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. It shall be deemed incorporated into Part 4.B as if set forth fully herein.)

_____ In the alternative, the Tobacco Product Manufacturer, identified in Part 2, hereby swears its Escrow Agreement, in the form attached to the Certification signed on _____ (enter date Certification was signed by month/day/year) and submitted pursuant to A.R.S. § 44-7111, which was deemed complete and accepted by the Attorney General, is still in full force and effect without amendment or modification. (When choosing this option, the Tobacco Product Manufacturer need not attach as an exhibit a copy of its Escrow Agreement.)

D. Escrow Deposit/Withdrawal History for Arizona

Read the statements below and select the applicable statement by checking the space next to it (check only one):

_____ The Applicant hereby attaches as **Exhibit** _____ (insert exhibit number) copies of records of the financial institution establishing: (i) the amount the Non-Participating Manufacturer deposited in the fund for Units Sold in Arizona during **2016** as well as the date and amount of each deposit; (ii) the amount and date of any withdrawal or transfer of funds the Non-Participating Manufacturer made at any time from the fund into which it ever made escrow deposits pursuant to A.R.S. § 44-7101; and (iii) the total amount of funds held in escrow for the benefit of the State of Arizona. (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. It shall be deemed incorporated into Part 4.D as if set forth fully herein.)

_____ The Applicant hereby certifies that it has not deposited, nor has it been required to deposit during any year, any money into a Qualified Escrow Fund for the benefit of the State of Arizona pursuant to A.R.S. § 44-7101 on account of Units Sold in Arizona.

Note: All withdrawals must comply with A.R.S. § 44-7101(3)(b)(2) and verification of compliance must be provided.

E. Bond requirement – check one of the below options

1. _____ The Applicant hereby attaches an original Surety Bond form as **Attachment** _____ (insert attachment number).

2. _____ (**Not an option if the form has changed - please check online):** In the alternative, the Applicant identified in Part 2 affirms that the information contained in the NPM Surety Bond form dated _____, as submitted to the Arizona Attorney General's Office, is still true and accurate in all respects. The Applicant also affirms that the NPM Bond identified in the NPM Surety Bond form is currently in effect and will remain in effect until such time as a new and approved bond is executed.

F. Immunity Waivers – check one of the options below

1. _____ If the Applicant is owned by a Native American tribe, complete the NPM Waiver of Sovereign Immunity by Native American Tribe form located at https://www.azag.gov/tobacco/forms and attach it hereto as **Attachment** ____ (insert attachment number).

_____ (**Not an option if the form has changed - please check online):** In the alternative, the Tobacco Product Manufacturer, identified in Part 2, hereby swears its NPM Waiver of Sovereign Immunity by Native American Tribe form attached to the Certification signed on _____ (enter date Certification was signed by month/day/year) and submitted pursuant to A.R.S. § 44-7111, which was deemed complete and accepted by the Attorney General, is still in full force and effect without amendment or modification. (When choosing this option, the Tobacco Product Manufacturer need not attach as an exhibit a copy of its NPM Waiver of Sovereign Immunity by Native American Tribe form).

2. _____ If Applicant is a tobacco company owned by a government entity other than a Native American Tribe located in the United States, complete the Government-Owned NPM Waiver of Sovereign Immunity form located at https://www.azag.gov/tobacco/forms and attach it hereto as **Attachment** _____ (insert attachment number).

_____ (**Not an option if the form has changed - please check online):** In the alternative, the Tobacco Product Manufacturer, identified in Part 2, hereby swears its Government-Owned NPM Waiver of Sovereign Immunity form attached to the Certification signed on _____ (enter date Certification was signed by month/day/year) and submitted pursuant to A.R.S. § 44-7111, which was deemed complete and accepted by the Attorney General, is still in full force and effect without amendment or modification. (When choosing this option, the Tobacco Product Manufacturer need not attach as an exhibit a copy of its Government-Owned NPM Waiver of Sovereign Immunity form).

3. _____ If the Applicant's answers to Questions 23 and 24 are both 'no', please complete the NPM Standard Waiver of Sovereign Immunity form located at https://www.azag.gov/tobacco/forms and attach it hereto as **Attachment** _____ (insert attachment number).

_____ (**Not an option if the form has changed - please check online):** In the alternative, the Tobacco Product Manufacturer, identified in Part 2, hereby swears its NPM Standard Waiver of Sovereign Immunity form attached to the Certification signed on _____ (enter date Certification was signed by month/day/year) and submitted pursuant to A.R.S. § 44-7111, which was deemed complete and accepted by the Attorney General, is still in full force and effect without amendment or modification. (When choosing this option, the Tobacco Product Manufacturer need not attach as an exhibit a copy of its NPM Standard Waiver of Sovereign Immunity form).

Part 5: Non-Participating Manufacturer Certification – Status as a Tobacco Product Manufacturer

To respond to the questions in Part 5, please re-print the questions below and provide answers to each. This document shall be attached hereto as **Exhibit** _____ (insert exhibit number). (*Note*: The attached exhibit must be *conspicuously labeled* as an exhibit. That exhibit and accompanying attachments shall be deemed incorporated into Part 5 as if set forth fully herein.)

All materials provided in support of the Applicant's responses to Part 5 must be referenced in the Applicant's responses as **Attachment 1, 2, 3, etc.**, and conspicuously labeled as such. Any such documents, if properly referenced and attached, will be deemed incorporated into the Applicant's applicable Part 5 responses as if set forth fully therein. *All supporting materials that are written in a language other than English must be translated into English in order to be considered*. In the event the Applicant is unable or unwilling to respond to a particular question in Part 5, the Applicant shall state this and provide the reasoning therefor. In the event the Applicant simply does not respond to a question or a sub-part thereof, the Certification will be rejected as incomplete.

1. Confirm that the packaging for Brand Families, identified in Part 3.B, is identical to the samples submitted with a Certification previously submitted pursuant to A.R.S. § 44-7111, which was deemed complete and accepted by the Attorney General, providing the name(s) of the Brand Family(ies) and the signature date (month/day/year) of the Certification to which the packaging was attached. **Please DO NOT attach samples unless the packaging has changed.**

2. Does the Applicant claim to be the Tobacco Product Manufacturer, as that term is defined in A.R.S. § 44-7101(2)(i), based on the fabrication of the Brand Families certified in Part 3.B?

3. If the Applicant claims to be the fabricator of the Brand Families certified in Part 3.B, please: (i) explain the precise activities performed by the Applicant that constitute the fabrication of the Cigarettes; (ii) provide the complete physical address(es) of the Applicant's manufacturing facility(ies) and the precise activities performed at the manufacturing facility(ies); (iii) provide the names of all other entities involved in the fabrication process and a description of their involvement; (iv) provide proof of ownership, possession, and/or control of each manufacturing facility listed; and (v) provide documentation establishing that this manufacturing facility(ies) is at the site claimed and is licensed to manufacture Cigarettes. If the fabrication process is different for any Brand Family(ies), please explain the precise difference(s). This question must be answered for each of the Brand Families certified in Part 3.B.

4. Please identify all other entities that have access to the manufacturing facility(ies) listed in Question 3 along with a precise description of the activities conducted by each such entity. Please include each entity's name, mailing address, telephone and fax numbers, and the name, phone, and email address of a contact person for the entity.

5. If the Applicant is not the fabricator of any of the Brand Families certified in Part 3.B, for each such Brand Family, please: (i) identify the fabricator, including the entity's name, mailing address, physical address, telephone and fax numbers, and the name, phone, and email address of a contact person; (ii) describe the precise activities performed by that entity with regard to the fabrication of the Cigarettes in question; (iii) provide the physical address(es) where those activities take place; (iv) describe the precise arrangement between the Applicant and the fabricator pursuant to which the fabricator fabricates the Cigarettes in question; (v) provide a copy of any current or previous agreement between the Applicant and the fabricator concerning the fabrication of the Cigarettes in question; and (vi) provide the physical address of the location where the Applicant claims to gain ownership of the Cigarettes in question. This question must be answered for each of the Brand Families certified in Part 3.B.

6. If the Applicant is not the fabricator of the Brand Families certified in Part 3.B but nonetheless claims to be the Tobacco Product Manufacturer, then please set forth, in detail, the Applicant's position regarding why it considers itself the Tobacco Product Manufacturer, as that term is defined in A.R.S. § 44-7101, of the Brand Family(ies) listed in this Certification, including all supporting facts and documentation.

7. Has the Applicant ever manufactured, assisted in the manufacture of, or sold Brand Families other than those certified in Part 3.B? If so please: (i) list those Brand Families and the date(s) during which the Applicant manufactured, assisted in the manufacture of, or sold the Brand Families; and (ii) describe Applicant's past and present involvement with the Brand Families listed in part (i) to this question.

8. Has any other entity ever manufactured or assisted in the manufacture of any of the Brand Families certified in Part 3.B? If so, please: (i) list each such Brand Family; (ii) provide the name(s) of the entity(ies) that performed or assisted in the manufacture of each Brand Family identified in this question's part (i) and explain the extent of their involvement; and (iii) provide the time frame in which the activities set forth in this question's part (ii) took place (if the activities set forth in this question's part (ii) are ongoing, please so indicate).

9. Please provide: (i) the name, mailing address, telephone and fax numbers, and the name, phone, and email address of a contact person for the owner of the United States trademark for each of the Brand Families listed in this Certification, separated by Brand Family; and (ii) the name, mailing address, telephone and fax numbers, and the name, phone, and email address of a contact person for all entities to which any such trademark has ever been assigned, separated by Brand Family.

10. Please provide: (i) all of the Applicant's previous, fictitious, and/or dba names; (ii) a list of all of the Applicant's officers, directors, and owners; and (iii) a list of all the Applicant's affiliates and subsidiaries, designated as such, along with their current business addresses and fax and telephone numbers, or confirmation that no affiliates and subsidiaries exist.

11. Please provide: (i) the name(s) of the entity(ies) that have paid the Federal Excise Tax ("FET") on the Brand Families certified in Part 3.B; and (ii) a copy of the most recent document submitted to the Federal Government (e.g., U.S. Customs Form 7501) which establishes payment of FET for the Applicant's claimed Brand Families.

12. For Cigarettes Manufactured Within the United States: With regard to each Brand Family certified in Part 3.B, please provide: (i) the current letter(s) of approval received pursuant to 15 U.S.C. § 1333 *et seq*. from the applicable governmental entity(ies); and (ii) the name of the entity(ies) that submitted the documentation.

13. For Cigarettes Manufactured Outside the United States: With regard to each Brand Family certified in Part 3.B, please provide: (i) the current letters of approval received pursuant to 19 U.S.C. § 1681 *et seq*. from the applicable governmental entity(ies); and (ii) the name of the entity(ies) that submitted the documentation.

14. For Cigarettes Manufactured Outside the United States: Please explain whether the country in which the Brand Family(ies) certified in Part 3.B are fabricated requires an entity to be licensed as a Cigarette manufacturer before it may engage in such activities, and if so, provide a citation to the applicable law and attach a copy of the current license as **Attachment** _____ (insert attachment number.)

15. Was the Applicant or any person affiliated with the Applicant, or any of its brands or brands of a person affiliated with Applicant, ever removed from the state directory of any state? For each such instance, please list: (i) the state which de-listed the Applicant; (ii) whether the de-listing applied to the Applicant itself or only specific Brand Families, and if it applied only to Brand Families, please list those Brand Families; and (iii) the grounds given by the state for the de-listing and attach hereto as **Attachment** ____ (insert attachment number).

16. In regard to the Qualified Escrow Fund listed in Part 4.B of this Certification, please: (i) explain whether a security interest, as set forth in A.R.S. § 47-9101 *et seq.*, has been granted in or attached to any of the funds deposited or to be deposited into this Qualified Escrow Fund; (ii) if such a security interest exists, provide a detailed description of the security interest, including the names of the entities involved, along with supporting documentation; and (iii) explain whether any other circumstances exist which in any way limit the State of Arizona's rights pursuant to A.R.S. § 44-7101 or any other state's rights pursuant to its "escrow statute" (i.e., a statute based on the model legislation attached to the Master Settlement Agreement as Exhibit T and similar to Arizona's Escrow Statute, A.R.S. § 44-7101) with regard to the funds deposited or to be deposited into this Qualified Escrow Fund.

17. Has the Applicant ever failed to timely comply with any other state's "escrow statute" (*See* Question 16 for the meaning of "escrow statute" as it is used in this question)? If so, please provide the name(s) of the state(s) along with an explanation of each situation and include it as **Attachment** _____ (insert attachment number).

18. Has the Applicant or any person affiliated with the Applicant ever failed to make a full and timely escrow deposit due under A.R.S. § 44-7101? If so, please provide an explanation and attach it as **Attachment** _____ (insert attachment number).

19. Has the Applicant ever been sued by a state for an alleged violation of any state's "escrow statute" (*See* Question 16 for the meaning of "escrow statute" as it is used in this question) or "directory statute" (i.e., a statute that creates a "cigarette directory" and prohibits sales in the applicable state of Brand Families of Cigarettes not listed in that directory). If so, please provide the name(s) of the state(s) along with a description of the allegations and the outcome and attach it hereto as **Attachment** _____ (insert attachment number).

20. Has the Applicant ever been sued for, or convicted of, violations of state or federal law stemming from the manufacture, distribution, or sale of Cigarettes other than those described in Applicant's answer to Question 19? If so, please provide the location of the lawsuit or conviction and an explanation of the same and attached it hereto as **Attachment**____ (insert attachment number).

21. Was the owner or an officer of the Applicant ever an owner or officer of another tobacco company that, according to a state, did not make the required escrow deposits pursuant to a state's escrow statute? If so, please provide the name of the state.

22. Is the Applicant or its affiliate(s): (i) entitled to claim sovereign immunity; (ii) located on tribal land; or (iii) a federally recognized tribe? If the answer to any of these questions is yes, please provide an explanation and attach it hereto as **Attachment** _____ (insert attachment number).

23. **U.S. Importer Declaration Accepting Joint and Several Liability**

A. If the Applicant is a foreign Non-Participating Manufacturer, list the names of every importer of the Applicant's Cigarettes (includes roll-your-own) here:

Importer Names: _____

B. For each importer, complete the U.S. Importer Declaration Accepting Joint and Several Liability form located at https://www.azag.gov/tobacco/forms and attach all forms hereto as Attachment(s) _____ (insert attachment(s) number; separate attachment number for each form). **Copies of previously submitted forms may be attached if the information remains current and accurate.**

Part 6: Participating and Non-Participating PACT Act, Fire-Safe, and Flavored Cigarette Compliance

The Federal Prevent All Cigarette Trafficking ("PACT") Act, 15 U.S.C. §§ 375, *et seq*., requires all persons who sell, transfer, or ship cigarettes in interstate commerce into Arizona (or who advertise or offer to do so) from outside Arizona State, from Indian Country, or from within Arizona through points outside Arizona State or through Indian Country, to register with the Arizona Department of Revenue before any such sale or transfer occurs. The PACT Act further requires that such persons file monthly reports with the Arizona Department of Revenue identifying the brands, quantities, and recipients of Cigarette and smokeless tobacco shipments into Arizona.

1. Please answer each question below by clearly writing 'yes' or 'no.' Questions left blank are not acceptable and will result in this Certification being rejected as incomplete.

A. At any time in the past, has the Applicant, directly or through a retailer, distributor, or similar intermediary, participated in the direct sale of its Cigarettes to customers via catalog, the Internet, by phone, and/or by mail? Such participation includes the sale of the Applicant's Cigarettes to a retailer that in turn sells directly to customers via catalog, the Internet, by phone, and/or by mail. _____ (Answer 'yes' or 'no')

If the answer is yes, please attach as **Exhibit** _____ (insert exhibit number) a list of the website addresses, mail order addresses, and/or phone numbers used for direct sales to consumers as well as explanation regarding when sales began, all sales data regarding sales into Arizona since August 2012, the names of the entities involved, names, mailing addresses, and phone numbers for a contact person with each entity in an ownership interest, and any other names and contact information in the Applicant's possession.

B. At present, does the Applicant, directly or through a retailer, distributor, or similar intermediary, participate in the direct sale of its Cigarettes to customers via catalog, the Internet, by phone, and/or by mail? Such participation includes the sale of the Applicant's Cigarettes to a retailer that in turn sells directly to customers via catalog, the Internet, by phone, and/or by mail. _____ (Answer 'yes' or 'no')

If Applicant currently sells its products via the Internet, please attach as **Exhibit** _____ (insert exhibit number) a list of the website addresses, mail order addresses, and/or phone numbers used for direct sales to consumers as well as explanation regarding when sales began, all sales data regarding sales into Arizona since August 2012, the names of the entities involved, names, mailing addresses, and phone numbers for a contact person with each entity in an ownership interest, and any other names and contact information in the Applicant's possession.

C. At present, does the Applicant have knowledge of any direct sales of Applicant's tobacco products via catalog, the Internet, by phone, and/or by mail? _____ (Answer 'yes,' 'no,' or 'N/A'.)

If the answer is yes, please provide an explanation attached hereto as **Exhibit ____** (insert exhibit number) regarding what efforts the Applicant has taken to prevent such sales as well as a list of the website addresses, mail order addresses, and/or phone numbers used for direct sales to consumers, an explanation regarding when sales began to the applicant's knowledge, any sales data regarding sales into Arizona since August 2012 that the applicant may have, the names of the entities involved, names, mailing addresses, and phone numbers for a contact person with each entity in an ownership interest, and any other names and contact information in the Applicant's possession.

D. If none of the above responses apply to the Applicant, provide an explanation as to why none of the responses apply, labeled as **Exhibit** _____ (Insert exhibit number.)

2. Mark your initials in the space below to acknowledge that, pursuant to A.R.S. § 36-798.06 ("Delivery Sales Statute"), it is unlawful for any person, other than a person licensed under A.R.S. § 42-3401, or a retailer ordering from a person so licensed, to order or purchase, or cause to be ordered or purchased, a tobacco product via mail, phone, the Internet, or any electronic means (except for pipe tobacco and cigars). _____ (Initial here to acknowledge understanding and acceptance of Part 6.1.F.)

3. Has the Applicant fully complied with the registration and reporting requirements set forth in the Federal Prevent All Cigarette Trafficking ("PACT") Act, 15 U.S.C. §§ 375, *et seq*, with regard to any and all shipments made into the United States? _____ (Answer 'yes' or 'no'.)

A. Please provide a copy of the registration form submitted to the Attorney General of the United States pursuant to 15 U.S.C. § 376(a)(1) as **Exhibit** _____ (insert exhibit number).

4. Has the Applicant sold, transferred, or shipped for profit Cigarettes or smokeless tobacco into the State of Arizona? _____ (Answer 'yes' or 'no'.)

A. If yes, please provide a copy of the registration form submitted to the Arizona Department of Revenue, pursuant to 15.U.S.C. § 376(a)(1), as **Exhibit** _____ (insert exhibit number).

B. If the Applicant has sold, transferred, or shipped for profit Cigarettes or smokeless tobacco into the State of Arizona, is the Applicant in full compliance with 15 U.S.C. § 376(a)(2)'s reporting requirements? _____ (Answer 'yes' or 'no'.)

5. Have the Applicant's Brand Families, certified in Part 3.A. or 3.B, been certified in accordance with Arizona's Reduced Cigarette Ignition Propensity Statute, A.R.S. §§ 41-2170, *et seq*? _____ (Answer 'yes' or 'no'.)

A. If yes, please provide proof of certification from the Office of the Arizona State Fire Marshal's website, labeled as **Exhibit** _____ (insert exhibit number).

6. Are the Applicant's Brand Families, certified in Part 3.A. or 3.B, in compliance with the flavored Cigarette restrictions contained in 21 U.S.C.A. § 387(g)? _____ (Answer 'yes' or 'no'.)

7. To the Tobacco Product Manufacturer's knowledge, are all sales of Cigarettes (including roll-your-own) flowing through Arizona-licensed distributors <u>before</u> being purchased by consumers? _____ (Answer 'yes' or 'no'.)

8. Mark your initials in the space below to acknowledge that the Tobacco Product Manufacturer agrees that all Arizona State laws, including but not limited to, the tobacco related statutes in Title 42, Chapter 3 of the Arizona Revised Statutes, as well as A.R.S. §§ 44-7101 and 44-7111, apply to sales of Cigarettes (including roll-your-own) on Indian Reservations located in Arizona. _____ (Initial here to acknowledge understanding and acceptance of Part 6.7)

Part 7: Removal of Brand Families

The Tobacco Product Manufacturer, identified in Part 2, requests that the Brand Family(ies) listed in the table below be removed from the Directory.

Brand Families			

Part 8: Execution by Authorized Designee

NOTICE: All signatures and the notary seal must be original. Photocopies, email scans, or facsimile transmissions of Part 8 are unacceptable, and will result in the Certification being rejected as incomplete.

Under penalty of perjury, I state that: (i) I have read the instructions included as part of this Certification; (ii) the information contained in this Certification, including all exhibits and attachments, is true, complete, and accurate; and (iii) I am an employee of the Tobacco Product Manufacturer identified in Part 2 and am authorized to bind the Tobacco Product Manufacturer under either the laws of the State of Arizona or the jurisdiction where the Tobacco Product Manufacturer resides or is organized.

Designee (Print Name): _____ Title: _____

Signature of Designee: _____ Date: _____

Subscribed and sworn to me on this date: _____

Signature of Notary Public: _____ City or County of: _____

My Commission expires: _____

Mail the Completed Certification to:

The Office of the Attorney General
Tobacco Enforcement Unit
1275 W. Washington St.
Phoenix, Arizona 85007-2926