



STATE OF OKLAHOMA
TOBACCO PRODUCT MANUFACTURER
CERTIFICATION FOR LISTING ON OKLAHOMA DIRECTORY
(68 O.S. §§ 360.1, et seq.)

Mail this completed certification and all attachments to:
Office of the Attorney General State of Oklahoma
Tobacco Enforcement Unit
313 NE 21st Street
Oklahoma City, OK 73105

Initial

Supplemental

Renewal

Sales Year: 2008

PLEASE TYPE OR PRINT IN PERMANENT BLUE INK

OAG-TOB1 (03/2008)

PART I: GENERAL BUSINESS AND OWNERSHIP INFORMATION

1. Applicant Tobacco Product Manufacturer Identification

Applicant: _____

Street Address: _____

Mailing Address (if different from above): _____

Phone Number: _____ **Facsimile (FAX) Number:** _____

E-Mail Address: _____

Website Address: _____

Name/Title of Person Completing Certification: _____

Manufacturing Plant(s) Name and Street Address (if different from above): _____

Manufacturing Plant Phone Number: _____

Manufacturing Plant Facsimile (FAX) Number: _____

Name/Title/Phone Number of Person at Plant if different from above: _____

(Attach additional sheet(s), as necessary, in order to provide a complete response.)

Please attach a photograph(s) and a diagram(s) of your manufacturing facility and indicate on the diagram(s) where the equipment and facilities for manufacturing (ie., fabricating) the tobacco product(s) are located.

2. The undersigned certifies that as of the date of this Certification, the above-named applicant is: (initial one)

a Participating Manufacturer ("PM") and has generally performed its financial obligations under the Master Settlement Agreement. (See Instructions)

a Nonparticipating Tobacco Product Manufacturer ("NPM") in full compliance with Sections 600.21 through 600.23 of Title 37 of the Oklahoma Statutes (37 O.S. §§ 600.21-600.23), having made all required

deposits into a Qualified Escrow Fund for all years beginning with year 1999 sales, including any quarterly deposits the applicant was notified it was required to make.

If the applicant was notified by the Oklahoma Attorney General "OAG" that it was required to place funds into escrow and the applicant did not timely do so, provide a full explanation for each failure to timely deposit.

Attach additional sheet(s), as necessary, to provide a complete response

- 3. Applicant is the manufacturer (i.e., fabricator) of the brands listed in this Certification which are intended to be sold in the United States, including Cigarettes intended to be sold in the United States through an importer.**

Yes No

If your answer is "No", identify the name and address of the fabricator and state fully the applicant's basis for seeking to have the brand(s) included in the Directory.

Attach additional sheet(s), as necessary, to provide a complete response.

- 4. Applicant is the first purchaser anywhere for resale in the United States of Cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States.**

Yes No

If the answer is "Yes," identify each Cigarette manufacturer (ie, fabricator), its plant street address, mailing address, contact person, telephone and facsimile phone numbers, and the relationship to applicant. Identify the location of the transfer of ownership of Cigarettes and a copy of every agreement or contract between applicant and fabricator.

Attach additional sheet(s), as necessary, to provide a complete response.

- 5. Applicant is a successor of an entity described in questions 3 or 4 above (i.e., manufacturer or first importer).**

Yes No

- 6. If applicant answered "no" to questions 3, 4, and 5 above, explain the basis for applicant's claim that it is a Tobacco Product Manufacturer as defined under Section 600.22(9) of Title 37 of the Oklahoma Statutes and submit all documentation to support applicant's contention.**
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Attach additional sheet(s), as necessary, to provide a complete response.

7. INDIAN TRIBE AFFILIATION

Please answer the following questions by placing an "X" in the box marked yes or no after each question:

Is applicant an Indian Tribe? Yes No

Is applicant a Federally recognized Indian Tribe? Yes No

Is applicant a corporation formed under Tribal Law? Yes No

Is applicant affiliated with an Indian Tribe? Yes No

Is applicant owned by members of an Indian Tribe? Yes No

Does applicant have a facility or business premises located on Tribal land? Yes No

Does applicant have or make a claim of Tribal sovereign immunity? Yes No

If your answer to any of these questions is **yes**, you must provide the information requested below and contact the Oklahoma Office of the Attorney General, Tobacco Enforcement Unit, 313 NE 21st Street, Oklahoma City, OK 73015, to make arrangements to execute required waivers of sovereign immunity in order to appear on the Oklahoma Tobacco Product Manufacturers Directory. (See Instructions)

Full Name of Tribe

Mailing Address of Tribal Headquarters

Telephone Number for Tribal Headquarters

8. Licenses/Permits:

a. Oklahoma Tax Commission (OTC) License Number as a manufacturer or importer: _____

Please list any additional licenses obtained from the OTC and their numbers: _____

Attach copies of all current and valid licenses from the OTC.

b. U.S. Treasury, Tobacco Tax Bureau (TTB) Permit Number as a manufacturer: _____
and/or as an importer: _____. Attach a copy of applicant's current permit as a manufacturer or importer pursuant to 26 USC Chapter 52, and regulations issued thereunder.

c. If applicant is a manufacturer located in a country other than the U.S.A., provide copies of any Tobacco Manufacturer's License/Certificate/Permit or similar document(s), or an Importer's License/Certificate/Permit or similar document(s) issued by the country where the manufacturing takes place.

PART II: BRAND FAMILY IDENTIFICATION

9. Brand Family Identification

| A. Brand Family (Indicate with an asterisk (*) those brands that will not be sold in 2008) | B. Units Sold in Preceding Calendar Year | C. Manufacturer of Brands Listed (Include complete address information) |
|--|--|---|
| | | |
| | | |
| | | |

Attach additional sheet(s), as necessary, to provide a complete response. **Attach samples of the actual packaging and labeling for each brand of Cigarettes that applicant intends to sell in Oklahoma. Also submit on CD or DVD, a color photograph in Adobe Acrobat (PDF) software, of the packing and labeling.** See Instructions.

9.A. PACKAGING SAMPLES (check one)

- Initial application:** Samples of the actual packaging and labeling for each brand (without tobacco) are attached.
- Supplemental application:** Samples of the actual packaging and labeling for each supplemental brand (without tobacco) are attached.
- Renewal application:** Samples of packaging for all brands and products sought to be certified in the current year have been previously provided and there has been no changes in the packaging.
- Renewal application:** Changes in the packaging of previously submitted samples have occurred and new packaging samples are attached.

10. Trademark Holder(s)

Provide the name, address, and phone number of the trademark holder(s) of each brand listed above.

| Brand | Trademark Holder and Contact Person | Physical Address | Phone |
|-------|-------------------------------------|------------------|-------|
| | | | |
| | | | |
| | | | |

Attach additional sheet(s), as necessary, to provide a complete response

If the Trademark Holder of a listed brand is not the applicant, provide a complete explanation for the inclusion of the brand(s) in this application, and provide a copy of any agreement for the use of the Trademark by the applicant.

PART III: ADDITIONAL BUSINESS INFORMATION

11. Organizational Documents to Be Attached (See Instructions for list of documents required by this question)

11.A. ARTICLES OF INCORPORATION & BYLAWS (if this is a renewal application check one)

- A copy of current articles of incorporation and bylaws have been submitted with the prior year certification. Those documents remain valid and current.
- The articles of incorporation or bylaws have changed. Enclosed as Exhibit ____ is a copy of the new articles and/or bylaws.

12. Company Officers & Owners

Complete the table by listing all company officers and company owners (all Persons with an equity interest of 10% or more in applicant company.)

| | | | | |
|------------------------------------|---|--|---|---|
| 1. CHECK APPROPRIATE TITLE | <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | <input type="checkbox"/> Vice Pres. <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ | <input type="checkbox"/> Treasurer <input type="checkbox"/> Partner <input type="checkbox"/> Other _____ |
| 2. Full Name (first, middle, last) | | | | |
| 3. Street Address | | | | |
| 4. Telephone # Facsimile # | | | | |
| 5. Date and place of birth | | | | |
| 6. E-mail address | | | | |

Attach additional sheet(s), as needed, to provide a complete response.

13. Affiliates (see Instructions for further information)

| Brand Family | Affiliate: Name | Type of Business | Affiliate: Street Address |
|--------------|-----------------|------------------|---------------------------|
| | | | |
| | | | |
| | | | |

Attach additional sheet(s), as necessary, to provide a complete response.

If applicant is a PM, it may skip the remainder of Part III and go directly to Part IV.

14. Applicant Information

Please indicate whether the following statements describe applicant by placing an "X" in the box marked yes or no after each statement:

- a. Applicant sold Cigarettes in Oklahoma in the preceding calendar year: Yes No
- b. Applicant made escrow deposits pursuant to Section 600.23(2) of Title 37 of the Oklahoma Statutes in the preceding calendar year. Yes No
- c. Applicant sold in the preceding calendar year one or more of the Brand Families listed in this Certification. Yes No
- d. Applicant made escrow deposits in the preceding calendar year pursuant to Section 600.23(2) of Title 37 of the Oklahoma Statutes for one or more of the Brand Families listed in this Certification. Yes No
- e. There has been a change in manufacturer (i.e., fabricator) of one or more of the Brand Families listed in this Certification within the past two calendar years. Yes No

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- f. Applicant advertises or sells Cigarettes via the internet or in catalogs and uses the mail or other delivery service to deliver Cigarettes to Oklahoma consumers. Yes No
- g. Applicant failed to timely comply with any of the provisions of Section 600.23 of Title 37 of the Oklahoma Statutes prior to the establishment of the Directory, or at any time thereafter. Yes No
- h. Applicant or one of its Brand Families listed in this Certification was previously denied listing on the Directory or was removed from the Directory of this State or any other State. Yes No
- i. Applicant is enjoined or banned from selling any Cigarettes by court order, state or federal agency ruling or determination of this State or any other State. Yes No
- j. A Brand Family formerly sold by applicant or a Brand Family that applicant intends to sell is enjoined from sale by a state court, state agency or a federal court. Yes No
- k. A state or federal court has entered a judgment finding that applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products. Yes No
- l. Applicant sold more than 2,000,000 cigarettes in Oklahoma during any quarter of 2007. Yes No
- m. Applicant failed to timely file any completed form or document required by Section 600.23(c) of Title 37 of the Oklahoma Statutes. Yes No

PART IV: MARKETING AND DISTRIBUTION INFORMATION

15. Tobacco Products Reclassified as Cigarette or RYO Tobacco

List all tobacco products sold by applicant that have been reclassified within the last two years as Cigarettes or as roll-your-own (RYO) tobacco by a federal agency, state or local government.

Attach additional sheet(s), as necessary, to provide a complete response.

16. Fire Safe Cigarettes

Are any of the brand families you manufacture certified as Fire Safe Cigarettes in any State? Yes No

If your answer is YES, on a separate sheet, please list all brand families and styles certified as Fire Safe Compliant.

17. Sales of Tobacco Product into Oklahoma (See Instructions)

For each entity in Oklahoma to whom your product was shipped, and for each entity outside Oklahoma to whom your product was shipped with knowledge that such product would be sold in Oklahoma, please provide a written summary of the date and amount of each such shipment of product

18. Stamping Agents

For each brand that applicant intends to sell, list the name and address of every Oklahoma Stamping Agent that purchased or handled any of applicant's gross Cigarette sales for that brand in Oklahoma in the last calendar year.

STAMPING AGENTS

| Brand Family | Stamping Agent | Address | Phone Number |
|--------------|----------------|---------|--------------|
| | | | |
| | | | |
| | | | |

Attach additional sheet(s), as necessary, to provide a complete response.

19. Agreements with Participating Manufacturers (See Instructions)

| Brand Family | Participating Manufacturer | Address | Phone Number |
|--------------|----------------------------|---------|--------------|
| | | | |
| | | | |
| | | | |

Nature and Explanation of Agreement(s): _____

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement

20. Agreements Regarding Compliance with the MSA (See Instructions)

| Brand Family | Name | Address |
|--------------|------|---------|
| | | |
| | | |
| | | |

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

21. Agreements Regarding Compliance with Sections 600.21 through 600.23 of Title 37 of the Oklahoma Statutes (See Instructions)

| Brand | Name | Address |
|-------|------|---------|
| | | |
| | | |
| | | |

Attach additional sheet(s), as necessary, to provide a complete response. Attach a copy of any written contract and/or agreement.

PART V. MANUFACTURING AND COMPLIANCE INFORMATION

22. Manufacturer(s)

For each Brand Family, list the name and address of the manufacturer (i.e., fabricator) of the Cigarettes, if other than applicant. Include all company names and addresses used by the manufacturer(s) in making Cigarettes for sale in the United States.

| Brand | Manufacturer (ie., fabricator) | Street Address |
|-------|--------------------------------|----------------|
| | | |
| | | |
| | | |

Attach additional sheet(s), as necessary, to provide a complete response.

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23. Health Warning Rotation Plan (See Instructions)

For each Brand Family, list the name and address of the entity which filed a Cigarette health warning rotation plan with the Federal Trade Commission before the Cigarettes were distributed into the United States.

| Brand | Entity that Filed | Street Address |
|-------|-------------------|----------------|
| | | |
| | | |
| | | |

For each brand, attach the Federal Trade Commission's **current** written approval of applicant's annual Cigarette Health Warning rotation plan. Attach additional sheet(s), as necessary, to provide a complete response.

24. Ingredient Reporting (See Instructions)

For each Brand Family, list the name and address of the entity which submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act.

| Brand | Submitter | Street Address |
|-------|-----------|----------------|
| | | |
| | | |
| | | |

Attach copies of all **current** certificates of compliance received from the U.S. Health and Human Services for applicant's annual ingredient reporting required by the Federal Cigarette Labeling and Advertising Act. (15 U.S.C. § 1335a). Attach additional sheet(s), as necessary, to provide a complete response.

25. Cigarette Packaging

For each Brand Family, list the name and address of the person, company, or entity that placed the Cigarettes into packages with the U.S. Surgeon General's warnings.

| Brand | Packager | Street Address |
|-------|----------|----------------|
| | | |
| | | |
| | | |

Attach additional sheet(s), as necessary, to provide a complete response.

26. Internet or Mail Order Sales (See Instructions)

a. Websites: _____

b. Physical Address: _____

c. Total Internet Sales in Oklahoma for the Previous Year: _____

Attach additional sheet(s), as necessary, to provide a complete response.

d. Does your company have a policy or protocol regarding the prevention of the sale of your tobacco products via the internet?

Yes, a copy of the internet policy or protocol is attached to this Certification.

No (see below)

If your answer is "No", please provide a **full and detailed explanation** of your company policy to continue to supply your products to entities that flaunt their disregard of the laws of the United States and the various states, thereby facilitating their illegal activities by your actions, and answer the following questions:

Please answer the following questions by placing an "X" in the box marked yes or no after each question:

e. Have you filed any lawsuits against the owners or operators of any Internet website that offers your products for sale to the public?

Yes_ No

f. Have you sent any "cease and desist" letters to the owners or operators of any Internet website that offers your products for sale to the public?

Yes_ No

g. Do you have trade policies in place that govern the remote sales of your tobacco products?

Yes_ No

h. If your answer is "Yes", have you entered into any agreement with merchants requiring them to agree to comply with your trade policies?

Yes_ No

i. Do you or have you ever, actively supported the passage of legislation at the Federal or State level to address illegal internet sales of your products?

Yes_ No

If your answer to any question above was "No", provide a **full and detailed explanation** regarding the reasons why you have not taken the actions referred to in each question, and also provide a full and detailed explanation of what actions you have taken to stop the sale of your product via the Internet, and a similar detailed explanation of the actions that you plan on taking in the future to stop the sale of your product via the Internet.

Attach additional sheet(s), as necessary, to provide a complete response.

(Attach copies of the Jenkins Act reports filed with the Oklahoma Tax Commission, as specified in the Instructions.)

PART VI: DISCLOSURE OF ENFORCEMENT ACTIONS AND PRIOR DETERMINATIONS AFFECTING SALES TO DISTRIBUTORS

If applicant is a PM, it may skip Part VI and go directly to Part VII.

27. Enforcement Actions Banning or Enjoining Sales

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 had any of its Cigarettes banned or enjoined from sale by any state or federal court or administrative agency within the U.S. jurisdiction? For every such action banning or enjoining sales, list:

- (a) the Brand Family (ies) banned and/or enjoined;
- (b) the governmental entity (federal, state, local or foreign) or private plaintiff bringing the action;
- (c) the case number;
- (d) the name and address of the government attorney or official or private plaintiff bringing the action.

Yes, the details of each occurrence are attached to this Certification. **Not Applicable**

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28. Denials, Suspensions, Revocations of Permits or Licenses

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been denied a permit, license, or been denied any other authorization to engage in any business relating to the sale of Cigarettes by any government entity (federal, state, local or foreign) or had such permit, license or other authorization revoked, suspended, or otherwise terminated? For every such denial, suspension or revocation of a permit, license or other authorization, list:

- (a) the name of the applicant or other Person or Affiliate that had such permit, license or other authorization revoked, suspended or otherwise terminated;
- (b) the governmental entity (federal, state, local or foreign) that denied, suspended, or revoked such permit, license, or other authorization;
- (c) the case number, if any;
- (d) the name and address of the government attorney or official or private plaintiff bringing the action.

Yes, the details of each occurrence are attached to this Certification. **Not Applicable**

29. Convictions

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been convicted of any crime under federal, state or foreign laws in connection with the sale of Cigarettes? For every such conviction, list:

- (a) the name of the applicant or other Person or Affiliate convicted;
- (b) the governmental entity (federal, state, local or foreign) that prosecuted applicant or other Person or Affiliate;
- (c) the case number;
- (d) the name and address of the government attorney or official that prosecuted applicant or other Person or Affiliate

Yes, the details of each occurrence are attached to this Certification. **Not Applicable**

30. Denial of Listing

Has applicant or any Person or Affiliate listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4 been denied listing on any state directory, which is similar to the subject of this Certification? For every such denial, list:

- (a) the name of the applicant or other Person or Affiliate denied listing on a state directory;
- (b) the Tobacco Product Manufacturer and/or Brand Family(ies) denied listing; and
- (c) the state which denied listing.

Yes, the details of each occurrence are attached to this Certification. **Not Applicable**

31. Compliance with the Provisions of Sections 600.21 through 600.23 of Title 37 of the Oklahoma Statutes

Has any Person listed in applicant's responses to Part II, question 2 and Part III, questions 2, 3, and 4, been involved as an officer or owner of any other tobacco company or Affiliate which has not made its escrow deposits as a Nonparticipating Manufacturer under a state reserve fund statute? For every such occurrence, list:

- (a) the name of the applicant or other Person or Affiliate which has not satisfied its NPM reserve fund obligations;
- (b) the Brand Families for which there was a failure to comply; and
- (c) the amounts of any escrow deposits that are still owed.

Yes, the details of each occurrence are attached to this Certification. **Not Applicable**

PART VII: IMPORTED CIGARETTES - DOCUMENTATION & VERIFICATION

32. U.S. Customs Documents

Does the applicant sell or intend to sell cigarettes that are not made in the United States?

Yes **No**

If applicant's answer is Yes, applicant MUST provide the documents listed in a-c:

- a. A copy of the sworn statement of the original manufacturer that it will timely submit ingredients to the Secretary of Health and Human Services as required by 19 USC 1681a(c)(1).
- b. A copy of the importer's certificate under penalty of perjury as required by 19 USC 1681a(c)(2) regarding the precise

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format of warnings and the rotation plan for health warnings.

- c. A copy of the trademark holder's certificate under penalty of perjury that it has not withdrawn consent to import into the United States as required by 19 USC 1681a(c)(3)(A) **OR** a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn consent to import into the United States as required by 19 USC 1681a(c)(3)(B).
- 33.** Provide copies of U.S. Customs form 7501s for all cigarettes sought to be listed by your company that were imported into the United States in the past calendar year and/or copies of all excise tax returns submitted to the Alcohol and Tobacco Tax and Trade Bureau during the past calendar year.
- 34.** Provide copies of the invoices corresponding to the U.S. Customs form 7501 for any cigarettes manufactured by or for your Company and imported into the United States in the past calendar year and invoices corresponding to excise tax returns submitted to the Alcohol and Tobacco Tax and Trade Bureau in the past calendar year for any of the tobacco products that you seek to have included in the Directory.
- 35.** Provide a Summary of the documents in Sub-parts 2 and 3 above reflecting a balance of the totals of the U.S. Customs form 7501s, the corresponding invoices and the excise taxes paid.

PART VIII: NPM APPLICANT CERTIFICATION

If applicant is a PM, it may skip Part VIII and go directly to DECLARATION, ACKNOWLEDGMENT AND SIGNATURE, page 11.

36. AGENT FOR SERVICE OF PROCESS

Please answer the following questions by placing an "X" in the box marked yes or no after each question:

- a. Is applicant domiciled in the State of Oklahoma? Yes No
- b. Is applicant a non-resident or foreign NPM that has registered to do business in Oklahoma as a foreign corporation or business entity? Yes No
- c. If applicant answered "no" to questions "a" and "b" above, applicant must appoint a resident agent for service of process by submitting a completed **NOTICE OF APPOINTMENT OF REGISTERED AGENT AND REGISTERED AGENT'S STATEMENT** (OAG-TOB2).

37. QUALIFIED ESCROW FUND-FINANCIAL INSTITUTION

Please indicate whether the following statements describe applicant by circling either yes or no after the statement:

Applicant certifies that of the date of this Certification, applicant:

- a. Has established and continues to maintain a Qualified Escrow Fund. Yes No
- b. Has executed a Qualified Escrow Agreement that has been reviewed and approved by the Attorney General for the State of Oklahoma and that governs that Qualified Escrow Fund for the State of Oklahoma. Yes No
- c. An amendment(s) to the applicants escrow agreement was executed in the past calendar year. (If answer is Yes, please provide a complete copy of the amended escrow agreement) Yes No

Please provide a written confirmation from the Escrow Agent stating the amount of funds in escrow.

Note: The NPM must certify satisfaction of the above-referenced requirements regarding the Qualified Escrow Fund to be eligible for the Directory. Oklahoma's Escrow Agreement is available on the Attorney General's website at:

<http://www.oag.ok.gov/oagweb.nsf/tobacco.html>

38. QUALIFIED ESCROW FUND DEPOSIT/WITHDRAWAL HISTORY FOR OKLAHOMA

| DATE | DEPOSIT | WITHDRAWAL | BALANCE |
|------|---------|------------|---------|
| | | | |
| | | | |
| | | | |

Attach additional sheet(s), as necessary, to provide a complete response.

➔NOTE: This Certification will not be processed or considered by the Attorney General's Office until all the required documents are submitted. Incomplete and/or illegible Certifications will not be processed.

DECLARATION, ACKNOWLEDGMENT AND SIGNATURE

Under penalty of criminal prosecution under the laws of Oklahoma, I declare and acknowledge that:

1. I have read the Instructions for this Certification for Listing on Oklahoma Directory.
2. I understand that the Attorney General may require additional information and/or documentation to determine if applicant is qualified for listing on the Oklahoma Directory.
3. Applicant will immediately notify the Tobacco Enforcement Unit in the Attorney General's Office (Office of the Attorney General for the State of Oklahoma, Tobacco Enforcement Unit, 2300 N. Lincoln Blvd., 112 State Capitol Building, Oklahoma City, OK 73105-4894) if any information on this Certification changes, before the Attorney General approves the Certification.
4. I am an officer authorized to legally bind the above-named company either under the laws of the State of Oklahoma or of the jurisdiction where the manufacturer resides or is organized. My position with the company and my actual authority to certify on behalf of applicant meets the foregoing requirements.
5. On behalf of the Applicant the undersigned agrees that any action or proceeding against it arising from enforcement of the provisions of 68 O.S. §§ 360.1, et seq., or 37 O.S. §§ 600.21-600.23 and any rules promulgated pursuant to these statutes, may be commenced against Applicant in any state court within Oklahoma, that the laws of the State of Oklahoma will govern such proceedings, and that Applicant waives any immunity from suit, liability, judgment and collection that Applicant may possess.
6. 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.

Name of Authorized Officer: _____
Title: _____
E-mail address: _____
Telephone: _____
Signature of Authorized Officer: _____ Date: _____

STATE OF _____)
COUNTY OF _____)
COUNTRY OF _____)

On _____, before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____
My Commission expires: _____

This Certification must be filed with the Attorney General's Office:

**Office of the Attorney General State of Oklahoma
Tobacco Enforcement Unit
313 NE 21st Street
Oklahoma City, OK 73105**