Non-participating Tobacco Manufacturer's Certificate of Compliance with Escrow Payment Requirement on Sales in Oklahoma in 2008

(Revised: 1/20/09)

Line 1: Tobacco Manufacturer's Identification

Name: _____

Address: _____

_____

Phone: _____ FAX _____

Email: _____

Brand Name(s) Manufactured: _____

_____

(Styles such as Regular, Menthol, Light, etc., may be omitted only if all are made by the same Manufacturer)

Location of Manufacturing Facility(s): _____

Line 2: Units Sold in Oklahoma in 2008

Number of individual cigarettes and "roll-your-own" tobacco (.09 ounces of roll-your-own tobacco is counted as a cigarette) sold in Oklahoma by the Manufacturer—whether sold directly or through a distributor, retailer or similar intermediary or intermediaries: _____

Line 3: Base Escrow Amount

The Base Escrow amount is determined by multiplying the number of units sold, from Line 2, by $0.0188482.

Base Escrow Amount $_____

Line 4: Inflation Adjustment

The Inflation Adjustment is determined by multiplying the Base Escrow Amount, from Line 3, by 37.20212% (or, $0.0070119 per unit).

Inflation Adjustment $_____

Line 5: Total Escrow Payment Due
The Total Escrow Payment Due is determined by adding the Base Escrow Amount, from Line 3, to the Inflation Adjustment, from Line 4 (or, $0.0258601 per unit sold).

Total Escrow Payment Due $_____

Attach a copy of your executed Escrow Agreement and for all deposits attach copies of your receipt or other proof of deposit from the financial institution.

Line 6: Amount Deposited in Escrow Account
Total Amount Deposited in the Escrow Account for the State of Oklahoma based on sales in Oklahoma in 2008 (should be an amount not less than the amount of the Total Escrow Payment Due, from Line 5):

Amount Deposited in Escrow Account $_____

Line 7: Financial Institution
Name of Institution: _____
Address: _____
Escrow Acct No: _____
Phone No.: _____ Email: _____

Line 8: Signature
Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Certificate of Compliance is true and correct. ***This Certificate of Compliance must also be signed and dated by an authorized notary public.***

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Subscribed and sworn to before me on this date:_____
Signature of Notary Public: _____ City or County of _____
My Commission expires: _____
[S E A L]

This Certificate of Compliance together with a copy of your signed Escrow Agreement and Proof of Deposit must be received at the address below by April 30, 2009.

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