NON-PARTICIPATING TOBACCO MANUFACTURER'S CERTIFICATE OF COMPLIANCE WITH QUARTERLY ESCROW PAYMENT REQUIREMENT ON SALES IN 2015

Line 1: Tobacco Manufacturer's Identification

Name:

Address:

Phone: Facsimile:

Email:

Brand Name(s) Manufactured:

Location of Manufacturing Facility(s):

Line 2: Quarter in 2015

Quarter No.

Line 3: Units Sold in Oklahoma in 2015

Number of individual cigarettes and "roll-your-own" tobacco sold in Oklahoma by the Manufacturer - whether sold directly or through a distributor, retailer or similar intermediary or intermediaries:

Cigarettes Sold in Oklahoma in 2015:

RYO (.09 ounces of RYO tobacco is counted as 1 unit):

Line 4: Base Escrow Amount

The Base Escrow Amount is determined by multiplying the number of units sold, from Line 3, by $0.0188482.

Base Escrow Amount:

Line 5: Inflation Adjustment (Estimated)

The Inflation Adjustment is determined by multiplying the Base Escrow Amount, from Line 4, by 68.74131% (or, $0.0129565 per unit).

Inflation Adjustment: _____

Line 6: Total Escrow Payment Due

The Total Escrow Payment Due is determined by adding the Base Escrow Amount, from Line 4, to the Inflation Adjustment, from Line 5 (or, $0.0318047 per unit sold).

Total Escrow Payment Due: _____

Line 7: Amount Deposited in Escrow Account

Total Amount Deposited in the Escrow Account for the State of Oklahoma based on sales in Oklahoma in 2015, Quarter No. _____, (should be an amount not less than the amount of the Total Escrow Payment Due, from Line 6).

Amount Deposited in Escrow Account: _____

Line 8: Financial Institution

Name of Financial Institution: _____

Address: _____

Escrow Account No.: _____

Phone No.: _____ Email: _____

Please mail escrow deposit confirmation documents to:

Office of the Attorney General
State of Oklahoma
Tobacco Enforcement Unit
313 N.E. 21St Street
Oklahoma City, Oklahoma 73105

Line 9: Signature

This Certificate of Compliance must also be signed and dated by an authorized Notary Public.

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Quarterly Certificate of Compliance is true and correct, and that 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.

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

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

On _____, 20___, before me personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the instrument herein and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature:_____

My Commission expires:_____

My Commission Number:_____

This notarized Certificate of Compliance, together with Proof of Deposit, must be received at the address below by April 30, 2015 for Quarter No. 1; July 31, 2015 for Quarter No. 2; October 31, 2015 for Quarter No. 3; and January 31, 2015 for Quarter No. 4. OTC Rule 710:70-9-4.

Office of the Attorney General
State of Oklahoma
Tobacco Enforcement Unit
313 N.E. 21St Street
Oklahoma City, Oklahoma 73105

You may press the "submit" button after the form has been printed to immediately send the document to the Oklahoma Office of Attorney General. However, you must sign and mail the original form to the address above.

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