STATE OF NEBRASKA

CERTIFICATION OF NON-PARTICIPATING MANUFACTURER BOND OR CASH EQUIVALENT

Part 1: Non-Participating Manufacturer's (NPM) Identification

Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

Part 2: Amount of Bond or Cash Equivalent

☐ $25,000

if NPM has been on Nebraska's Directory of Certified Tobacco Products and Brands (Directory) for at least 3 years **and**

(i) NPM or its affiliates have made a full and timely escrow deposit for Nebraska in the last three years; and

(ii) NPM has never been involuntarily removed from any state's "approved for sale" list equivalent to the Directory

or ☐ $50,000

if NPM has not been on any state's "approved for sale" list equivalent to the Directory for at least 3 years

or The greater of:

☐ $50,000 **or** ☐ $_____ the greatest amount the NPM or its predecessor paid in escrow for Nebraska in any calendar year in the last five calendar years

if (i) NPM or its affiliates have not made timely and complete escrow deposit due for Nebraska in the last three years **or**

(ii) NPM or its affiliates were involuntarily removed from any state's "approved for sale" list equivalent to the Directory (Name of state and date of removal:_____)

Part 3: Cash Equivalent (if applicable)

Date of Deposit: _____

Amount of Deposit: _____

Financial Institution: _____
Name

_____
Mailing Address

Account Number: _____

Date of Account Agreement: _____

Date Nebraska Attorney General's Office (NAGO) Approved Account Agreement for Said Account: _____

Note: Proof of deposit from financial institution must be attached.

Part 4: Corporate Surety Bond (if applicable)

Bond Number: _____

Corporate Surety: _____
Name

_____
Mailing Address

Effective Date: _____

Date NPM Bond filed with NAGO: _____

Part 5: Certification and Signature

Under penalty of perjury, I state that the amount of the Corporate Surety Bond or Cash Equivalent is consistent with the requirements described under Part 2 above and that the Corporate Surety Bond described above and the information contained herein is true and accurate. This Certificate must also be signed and dated by an authorized notary public.

Printed Name of NPM Authorized Representative: _____
Title: _____
Signature of NPM Authorized Representative: _____
Date: _____

Subscribed and sworn to before me on this date: _____
Signature of Notary Public: _____
City or County of_____
My Commission expires: _____

NOTE: *The above Certification of Non-Participating Manufacturer Bond or Cash Equivalent or, if appropriate, a Quarterly Affirmance of Non-Participating Manufacturer Bond or Cash Equivalent, must be submitted at least 10 days before the beginning of each calendar quarter to the Nebraska Attorney General's Office with a copy to the Nebraska Department of Revenue, as set forth below, in order for the NPM to remain on the Nebraska Directory of Certified Tobacco Products and Brands.*

MAIL THE ORIGINAL COMPLETED FORM TO:	MAIL OR EMAIL A COPY TO:
Office of the Nebraska Attorney General Attn: Tobacco Division 2115 State Capitol Lincoln, Nebraska 68509	Nebraska Tax Commissioner P.O. Box 94818 Lincoln, Nebraska 68509-4818 Email: cliff.thomas@nebraska.gov