STATE OF NEBRASKA

IMPORTER INFORMATION:

Business Name:

Address:



Contact Person:

City:

IMPORTER ACCEPTANCE OF JOINT AND SEVERAL LIABILITY

State:	Zip Code:
Telephone:	Email:
Ernen II Toni ago Limongon Dono	Name of the second
FEDERAL TOBACCO IMPORTER PER	MIT NUMBER: tment of Treasury, Tobacco Tax Bureau must be included with this form.
\rightarrow A copy of the permit issued by the 0.3. Depart	meni oj Treasury, 100acco Tax Bureau musi ve incluaea wiin inus jorm.
NON-PARTICIPATING MANUFACTUR	EER FOR WHOM LIABILITY IS ACCEPTED:
Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:
BRAND FAMILIES BEING IMPORTED	INTO U.S. FROM NON-PARTICIPATING MANUFACTURER:
THESE CIGARETTE BRAND FAMILIE	S ARE IMPORTED UNDER:
A Written Contract Comm	encing and ending .
An Oral Contract or Inform	<u> </u>
	nder a written contract, a copy of that contract must be included with this form.
ACCEPTANCE OF JOINT AND SEVERA	al Liability:
In accordance with Neb. Rev. Stat. § 69	-2703(2)(d), for all sales of brand families of cigarettes identified above
	he Importer hereby accepts joint and several liability with the Non-
	pove for deposit of all escrow due on a quarterly basis into a qualified
	d several liability shall remain in effect until the Importer withdraws from
	e notice by certified mail to the Office of the Nebraska Attorney General,
	ase said Importer from any liability existing hereunder at the time of the
	rther provided that said 60 days shall begin to run on the day following
	raska Attorney General. More particularly, all escrow obligations existing
on the effective date of the Importer's w	vithdrawal shall continue to be protected by this agreement, even though

Initial of Importer:

no cause of action has accrued at the time of the withdrawal.

CONSENT TO SUIT:				
		any action or proceeding against it pursuant to Neb. Reverska may be commenced in any state court of competent		
Initial of	Importer:			
	_			
Language 1 De grown par A carrie Fon (Contrar (On Dr. o area		
IMPORTER'S REGISTERED AGENT FOR S	SERVICE (
Company:		Address:		
City:		State:		
Zip Code:		Telephone:		
Fax:	, , ,	Email:		
→ A statement from the Registered Agent noting his or her service in this capacity must be included with this Certification Form.				
ADDITIONAL REQUIRED DOCUMENTATION	ON:			
Proof of Authority to accept joint and several liability for Non-Participating Manufacturer under Neb. Rev. Stat. § 69-2703(2)(d). Proof of Authority to consent to suit on behalf of the Importer, <i>e.g.</i> , a resolution by the Importer specifically agreeing to the consent to suit provision, as well as any required approval by an applicable governmental agency, whether federal, state, county, local, or tribal. Proof of Authority given to the signing party to execute this agreement.				
SIGNATURE:				
Authorized Designee:		Title:		
Designee Signature:		Date:		
NOTARY:				
Subscribed and Sworn Before Me on this Date:				
Signature of Notary Public:				
City or County of:				
My Commission Expires:	Seal:			
MAIL OR EMAIL THE COMPLETED FORM TO:		MAIL OR EMAIL A COPY TO:		
Office of the Nebraska Attorney General		Nebraska Tax Commissioner		

MAIL OR EMAIL THE COMPLETED FORM TO:	MAIL OR EMAIL A COPY TO:
Office of the Nebraska Attorney General	Nebraska Tax Commissioner
Tobacco Enforcement Unit	P.O. Box 94818
2115 State Capitol	Lincoln, Nebraska 68509-4818
P.O. Box 98920	
Lincoln, Nebraska 68509-8920	
Email: ago.tobacco@nebraska.gov	Email: garrett.nedved@nebraska.gov