State of Nebraska

Tobacco Product Manufacturer's Certification

Pursuant to Neb. Rev. Stat. § 69-2706

General Information and Directions for Completion of Selected Provisions of Form 55B

Definitions:

- (a) "Brand Family: means all styles of cigarettes sold under the same trademark and differentiated from one another by means of additional modifiers or descriptors, including, but not limited to, "menthol", "lights", "kings" and "100s", and includes any brand name (alone or in conjunction with any other word), trademark, logo, symbol, motto, selling message, recognizable pattern of colors, or any other indicia of product identification identical or similar to, or identifiable with, a previously known brand of cigarettes.
- (b) "Cigarette" has the same meaning as in Neb. Rev. Stat. § 69-2702(4). The term cigarette includes any roll of tobacco wrapped in any substance containing tobacco which, because of its appearance, the type of tobacco used in the filler, or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette.
- (c) "Directory" means the listing of all tobacco product manufacturers that have provided current and accurate certifications conforming to the requirements of Neb. Rev. Stat. §§ 69-2706 through 69-2711 and all brand families that are listed in such certifications, except as provided by said statutes.
- (d) "Master Settlement Agreement" has the same meaning as in Neb. Rev. Stat. § 69-2702(9).
- (e) "Participating Manufacturer" has the same meaning prescribed in Section II(jj) of the Master Settlement Agreement defined in Neb. Rev. Stat. § 69-2702(9).
- (f) "Nonparticipating Manufacturer" means any tobacco product manufacturer that is not a participating manufacturer.
- (g) "Qualified Escrow Account" has the same meaning as in Neb. Rev. Stat. § 69-2702(10).
- (h) "Stamping Agent" means a person that is authorized to affix tax stamps to packages or other containers of cigarettes under Neb. Rev. Stat. § 77-2603 or any person that is required to pay the tobacco tax imposed pursuant to Neb. Rev. Stat. § 77-4008 on roll-your-own cigarettes.
- (i) "Tobacco Product Manufacturer" has the same meaning prescribed in Neb. Rev. Stat. § 69-2702(13).
- (j) "Units sold" has the same meaning prescribed in Neb. Rev. Stat. § 69-2702(14).

Who is required to file this Certification?

- Every tobacco product manufacturer that intends to sell cigarettes, including roll-your-own cigarettes, within the State of Nebraska, whether directly or through any distributor, retailer, or similar intermediary.
- Participating manufacturers must complete Parts 1, 2(A), 2(C-E), 3, and 9.
- Nonparticipating manufacturers must complete the entire form except Part 2A.

When is the Certification due?

- For manufacturers whose cigarettes are sold in Nebraska, this Certification is due on an annual basis no later than April 30th of each year.
- For manufacturers whose cigarettes are not yet sold in Nebraska, this Certification must be submitted and the manufacturer and its brands must be listed on the Directory before beginning sales in Nebraska.
- For manufacturers making any changes to their annual Certification or initial Certification, the supplemental Certification noting the changes must be submitted at least thirty (30) calendar days prior to that change becoming effective.

To whom are Certifications delivered:

The Certification and any supplemental Certification and the required documents listed on page 10 must be sent electronically to **both** the Nebraska Department of Revenue and the Nebraska Attorney General's office:

garrett.nedved@nebraska.gov and

ago.tobacco@nebraska.gov

 All other correspondence, escrow agreements, bank account statements, packaging samples, and other documents pertaining to the Nebraska Tobacco Product Manufacturer's Certification must be sent electronically to the Attorney General's Office.

Records Retention Requirement

Tobacco product manufacturers must maintain all invoices and documentation of sales and other information relied upon for the certification for a period of five years, unless otherwise required by law to maintain them for a greater period of time.

Compliance with other statutes:

The fact that a tobacco product manufacturer or brand family is listed on the Directory maintained by the Nebraska Department of Revenue merely means that the tobacco product manufacturer and brand family have been approved pursuant to Neb. Rev. Stat. § 69-2706 and does not mean that they are compliant with other State laws applicable to the sale and/or distribution of cigarettes.

Instructions:

Part 1: Manufacturer's Identification.

Every participating and nonparticipating cigarette manufacturer must complete Part 1 A and B.

A nonparticipating cigarette manufacturer must be in full compliance with Neb. Rev. Stat. § 69-2703(2), which requires quarterly payments of escrow.

Part 2: Brand Family Identification.

Only those brand families listed may be included on the Directory.

A. Participating Manufacturers

A participating manufacturer must update the list thirty (30) calendar days prior to any addition to or modification of its brand families by executing and delivering a supplemental certification to the Attorney General and the Tax Commissioner.

- If you need additional information regarding the Federal Trade Commission (FTC) approval letter for the healthwarning rotation plan, you can contact the Federal Trade Commission, 600 Pennsylvania Avenue, N.W., Washington D.C. 20580, General Information Locator: (202) 326-2222, http://www.ftc.gov
- If you need additional information regarding the Center for Disease Control ingredient listing compliance letter, you can contact the Center for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333, 1-800-232-4636, http://www.cdc.gov/netinfo.htm

B. Nonparticipating Manufacturers

A nonparticipating manufacturer must update the list thirty (30) calendar days prior to any addition to or modification of its brand families by executing and delivering a supplemental certification to the Attorney General and the Tax Commissioner.

 If you need additional information regarding the healthwarning rotation plan or the ingredient compliance letter, please refer to the information above.

Part 6: Nonparticipating Manufacturer Liability; Joint and Several Liability.

A. Agent for Service of Process

Every nonparticipating manufacturer must execute and deliver a supplemental certificate to the Nebraska Attorney General and the Tax Commissioner thirty (30) days prior to terminating the authority of an agent and provide proof to the satisfaction of the Attorney General of the appointment of a new agent not less than five (5) days prior to terminating an existing agency appointment. If an agent terminates an agency appointment, the nonparticipating manufacturer must notify the Attorney General and Tax Commissioner within five (5) days and include proof to the satisfaction of the Attorney General of the appointment of a new agent.

(1) If the nonparticipating manufacturer has appointed an agent for service of process, you must supply a current letter from the registered agent accepting the appointment.

B. Consent to Suit.

The nonparticipating manufacturer must consent to suit in the district courts of the State of Nebraska if the State of Nebraska commences litigation to enforce the provisions of Neb. Rev. Stat. §§ 69-2703 to 69-2710 or if the State of Nebraska brings any action regarding a released claim as that term is defined by Neb. Rev. Stat. § 69-2702. Appropriate documentation authorizing the person executing the certification to consent on behalf of the nonparticipating manufacturer to its being sued in Nebraska district court must also be attached (i.e. Board of Director's resolution).

C. Importer's Joint and Several Liability.

Every nonparticipating manufacturer located outside of the United States must provide a fully and correctly executed copy of the Importer Acceptance of Joint and Several Liability Form prepared by the office of the Nebraska Attorney General with all required attachments.

Part 7: Nonparticipating Manufacturer Qualified Escrow Account.

A. Qualified Escrow Fund Information

Pursuant to Neb. Rev. Stat. § 69-2706(1)(d)(ii), all Escrow Agreements must be approved by the Attorney General.

B. Escrow Deposit/Withdrawal History for Nebraska

Identify: (i) the amount the nonparticipating manufacturer placed in the qualified escrow fund for cigarettes sold in the state during each preceding calendar year; (ii) the amount of and date of any withdrawal or transfer of funds the nonparticipating manufacturer made at any time from the fund or from any other qualified escrow fund into which the manufacturer ever made escrow payments pursuant to Neb. Rev. Stat. § 69-2703(2), § 69-2708 and all regulations promulgated pursuant thereto. You must attach copies of records of the financial institution confirming the foregoing. Note: All withdrawals must comply with Neb. Rev. Stat. § 69-2703(2)(b). Verification of compliance must be provided.

Part 8: Bond or Cash Equivalent for Nonparticipating Manufacturer.

Part 9: Execution by Authorized Designee.

The person executing the certification must be an officer or other authorized designee of the tobacco product manufacturer identified in Part 1. Proof of the authorization may be required. The designee's name and title must be clearly printed and the certification must be executed in the presence of an authorized notary public.

NOTE: Incomplete and/or illegible Certification forms and any attachments will be returned.



State of Nebraska Tobacco Product Manufacturer's Certification, Form 55B

Certification Year **2020**

| | For Official Use Only |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Γhis form is (check one below): | |
| Initial Certification — Tobacco Product Manufacturer is not currently listed Tobacco Product Manufacturers and Brands (Directory). | on the Nebraska Directory of Certified |
| Annual Certification — Due April 30th of each year. | |
| Supplemental Certification — Change in brands, registered agent, or other | er information. |
| Note: All tobacco product manufacturers must file a Supplemental Certificated addition, removal, or modification of the brand families on the Directory. | ion 30 calendar days prior to any |
| Part 1: Tobacco Product Manufacturer Identification | |
| A. Business Information (please type or print): | |
| Business Name | |
| Physical Address | |
| Mailing Address | |
| City/State/Country/Zip Code | County |
| Phone Number, Including Area Code | |
| Fax Number | |
| Email Address | |
| Name/Title of Person Completing Report | |
| If located in the U.S., Manufacturer's Federal Taxpayer ID Number: | |
| If located in the U.S., attach a copy of your TTB Tobacco Manufacturer's Permit and provide the permit number and Permit Number Expiration Date | expiration date below. |
| 3. The Tobacco Product Manufacturer Identified in Part 1A, as of the Date of one below): | f This Certification, is a (check |
| Participating manufacturer, as defined in the Master Settlement Agreemer financial obligations as required by Neb. Rev. Stat. § 69-2703(1). Complete | |
| Nonparticipating manufacturer in full compliance with the escrow requirer Complete entire form, except Part 2A. | nents of Neb. Rev. Stat. § 69-2703(2)(a) |

Part 2: Brand Family Identification

A. Participating Manufacturer

The participating manufacturer identified in Part 1 has the following brand families, each of which the manufacturer affirms are to be deemed its cigarettes for purposes of calculating its payments under the MSA.

Indicate with an asterisk (*) those brands that are not being sold in Nebraska as of the date of this Certification (attach additional sheets if necessary).

| Brand Family Name | Cigarettes Roll-Your-0 | | Brand Family Name | Cigarette Roll-Your- | |
|-------------------|---------------------------|-----|-------------------|-------------------------|-----|
| | Cigarettes | RYO | | Cigarettes | RYO |
| | Cigarettes | RYO | | Cigarettes | RYO |
| | Cigarettes | RYO | | Cigarettes | RYO |
| | Cigarettes | RYO | | Cigarettes | RYO |
| | Cigarettes | RYO | | Cigarettes | RYO |
| | Cigarettes | RYO | | Cigarettes | RYO |

Note: Notwithstanding the brands listed in Part 2A, the State of Nebraska retains the right to maintain that a brand family constitutes cigarettes of a different tobacco product manufacturer for purposes of calculating payments under the MSA or depositing escrow under Neb. Rev. Stat. § 69-2703(2)(a).

B. Nonparticipating Manufacturer

The nonparticipating manufacturer identified in Part 1 has the following brand families, each of which the manufacturer affirms are its cigarettes for purposes of the escrow obligation set forth in Neb. Rev. Stat. § 69-2703(2)(a).

List all brand families sold in the preceding calendar year and at any time in the current calendar year. Indicate by an asterisk (*) any brand no longer being sold in Nebraska as of the date of this Certification. .09 oz. of RYO constitutes one unit (attach additional sheets if necessary).

| | Cigarettes or | | Units Sold | | Name and Address of All Previous | |
|-------------------|---------------|-----|------------|---------|----------------------------------|--|
| Brand Family Name | Roll-Your- | Own | in 2019 | in 2020 | Manufacturers of Brand Family | |
| | Cigarettes | RYO | | | | |
| | Cigarettes | RYO | | | | |
| | Cigarettes | RYO | | | | |
| | Cigarettes | RYO | | | | |

Note: Notwithstanding the brands listed in Part 2B, the State of Nebraska retains the right to maintain that a brand family constitutes cigarettes of a different tobacco product manufacturer for purposes of calculating payments under the MSA or depositing escrow under Neb. Rev. Stat. § 69-2703(2)(a).

C. Packaging or Labeling

For each brand family identified in Part 2A or 2B, provide:

- 1. A current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company; and
- 2. A copy of the packaging or labeling.

Note: A copy need not be submitted if a copy of the packaging or labeling has been previously provided to the Office of the Attorney General and it remains unchanged. If so, check box \square .

D. Department of Health and Human Services Ingredient List

For each brand family identified in Part 2A or 2B, provide a copy of the current documentation provided by the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Office on Smoking Health showing compliance with the ingredient list submission requirement pursuant to 15 U.S.C. § 1335a.

E. Federal Trade Commission Rotation Plan

For each brand family identified in Part 2A or 2B, provide a copy of the current complete warning rotation plan submitted to the Federal Trade Commission ("FTC") pursuant to 15 U.S.C. § 1333 and a copy of the current approval letter from the FTC for each brand family.

Part 3: Business and Ownership Information of the Tobacco Product Manufacturer A. Fabrication of Brand Families Does the tobacco product manufacturer identified in Part 1 itself fabricate the brand families identified in Part 2A or 2B? Yes No If no, please explain why this tobacco manufacturer is submitting the Certification. B. Manufacturing Facility Identification: Address of Manufacturing Plants Name of Factory Managers Phone Number of Factory Managers Fax Number of Factory Managers C. Access to Manufacturing Facility Do other companies have access to or utilize any of the manufacturing facilities identified in Part 3B? Yes | No | If yes, please explain: D. Criminal Activity Has the tobacco product manufacturer identified in Part 1 or any of its affiliates, sales entity affiliates, officers, or directors been convicted of a felony crime relating to the sale or taxation of cigarettes or Yes No tobacco products? If yes, please explain: E. Jenkins Act Compliance Does the tobacco product manufacturer identified in Part 1 affirmatively certify that it is in full compliance with all of the Pact Act registration and reporting requirements of 15 U.S.C. §§ 376 and 376a? Yes No If no, please explain: F. Directory Status Have either the tobacco product manufacturer identified in Part 1 or any of its brand families ever Yes No been involuntarily removed from the approved-for-sale tobacco products directory of any state? If yes, please explain:

Part 4: Nonparticipating Manufacturer

A. Identification of Directors, Members, Officers, and Owners of the Company:

| Inte | erested Party | Nature of Interest | Address | Phone and Fax Numbers |
|-------------------------------------------------------------------------------------------------|----------------------|------------------------------------|--------------------------------------------------------------------------|-----------------------|
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| 3. A | ssociation With O | ther Tobacco Product Manufa | acturers | |
| Ar | e any of the individ | uals or entities identified in Par | rt 4A also directors, members, office | ers, or owners |
| | • | product manufacturers? | , | Yes No |
| lf : | yes, please explain | c | | |
| | | | | |
| | | | | |
| | | | | |
| . Fe | ederal Excise Tax I | Paid | | |
| The nonparticipating manufacturer identified in Part 1, must provide the following information: | | | nation: | |
| 1. | Total nationwide | sales on which federal excise t | ax was paid in the preceding calend | dar year |
| | | | domestic tobacco product manufacules number must be attached to this | |
| | | | gn tobacco product manufacturer, a must be attached to this Certificatio | |
| 2. | Total nationwide | | | |
| ۷. | | sales reported pursuant to 15 l | J.S.C. § 376 during the preceding ca | alendar year |

Part 5: Nonparticipating Manufacturer Stamping Agent

Provide the following information for all stamping agents to whom cigarettes and/or roll-your-own tobacco were sold by, or on behalf of, the nonparticipating manufacturer identified in Part 1 for distribution in Nebraska in the current or preceding year (attach additional sheets if necessary).

| Name of Stamping Agent | Address | Phone Number | Brand |
|------------------------|---------|-----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Note: Stamping Agent is defined in §§ 69-2705(20) and 69-2706(20) as a person authorized to affix stamps to packages of cigarettes or a person required to pay the tobacco products tax imposed on roll-your-own tobacco. The nonparticipating manufacturer shall update this information if it changes during the calendar year.

| Pa | rt 6: Nonparticipating Man | ufacturer Liability; Jo | oint and | Several Liability | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|--|--|--|
| A. | A. Nonparticipating Manufacturer Registered Agent. Please Certify as Follows: | | | | | | | |
| | The nonparticipating manufacturer identified in Part 1 is domiciled in the State of Nebraska. | | | | | | | |
| | The nonparticipating manufacturer identified in Part 1 is a nonresident or foreign nonparticipating manufacturer that has registered to do business in the State of Nebraska as a foreign corporation or business entity. | | | | | | | |
| | The nonparticipating manufact agent located in Nebraska for concerning or arising out of the manner authorized by law: | service of process on who | m all prod | ess, and any action or | proceeding against it | | | |
| Age | nt Name | | | | | | | |
| Con | npany | | | | | | | |
| | ,,,,, | | | | | | | |
| Add | ress | | | | | | | |
| Pho | ne Number | Fax Number | | Email Address | | | | |
| | | | | | | | | |
| | Attach a current | letter from the registered | agent a | ccepting the appointm | ient. | | | |
| | te: Prior notice must be provided to istered agent set forth in Neb. Rev. | | neral and | the Tax Commissioner | of any change in the | | | |
| В. | Consent to be Sued | | | | | | | |
| | Provide a properly executed copy of the Consent to be Sued form prepared by the Office of the Nebraska Attorney General. | | | | | | | |
| C. | Acceptance of Joint and Several | Liability by Importers | | | | | | |
| | In the case of a nonparticipating m of the Importer Acceptance of Join additional documents required to b under 26 U.S.C § 5713; a copy of t Importer's Registered Agent accep | t and Several Liability form be submitted with the form, the Contract, if any, regardi | prepared including ng impor | I by the Office of the Att : a copy of the current leation of cigarettes; a co | orney General with all mporter Permit issued by of the Statement by | | | |
| D. | Importer's Registered Agent for | Service of Process: | | | | | | |
| Cor | mpany Name | | | | | | | |
| Add | dress | | | | | | | |
| City | 1 | | State | | Zip Code | | | |

Note: A statement from the registered agent accepting appointment in this capacity must be submitted with this Certification. Pursuant to Nebraska Law, this registered agent must reside in the State of Nebraska.

Email

Fax

Phone

Part 7: Nonparticipating Manufacturer Qualified Escrow Account

A. Qualified Escrow Fund Information

The nonparticipating manufacturer identified in Part 1 has established and continues to maintain the following qualified escrow fund under Neb. Rev. Stat. § 69-2702(10).

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|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|
| Name of Financial Institution | | | | |
| Address | | | | |
| Representative Name and Title | | 1 | Phone Number | |
| Escrow Account Number | | Nebraska Sub-Account Number | | |
| Has the Escrow Agreement been approved | I by the Attorney General? | NO , | Approval Date | |
| agreement has been appro- swears the agreement is sti | s not been approved by the Attorney General, the II in full force and effect without quent to Attorney General's appropriate to Attorney General's appropriate to the II in full force and effect without quent to Attorney General's appropriate to the II is appropriate to t | orney General, please attace tobacco product manuface modification, or alternative proval must be attached. | turer identified ir ly, a copy of any | Part 1 hereby |
| Date | Deposit | Withdrawal | E | Balance |
| | | | | |
| | | | | |
| | | | | |
| | Total: | Total: | Total: | |
| Note: A nonparticipating manufathe Attorney General's Office p for each quarter of a year's salwww.ago.nebraska.gov. Part 8: Bond or Cash E | ursuant to Neb. Rev. Stat. § 69- es for eligibility to be listed on t quivalent for Nonpartici | 2703(2)(c) setting forth the he Directory. A copy of the c | escrow calculati certificate may b | on and deposit e obtained at |
| Does the nonparticipating man the requirements of Neb. Rev. 5 | | rtity that it has a bond in pla | ace which meets | Yes No No |
| If yes, submit a copy of the bor | | | | ies 🔛 ivo 🗀 |
| Does the nonparticipating man bond in place which meets the If yes, provide written proof of t | ufacturer identified in Part 1 ce requirements of <u>Neb. Rev. Stat</u> | . § 69-2707.01? | uivalent of a | Yes No |
| Has the nonparticipating manu Manufacturer Bond or Cash Eq Bond or Cash Equivalent form Department of Revenue, for ea If no, please explain. | uivalent form or a Quarterly Aff to the Nebraska Attorney Gene | firmance of Nonparticipating ral's Office, and to the Nebr | g Manufacturer raska | Yes No No |

Part 9: Affidavit of Tobacco Product Manufacturer

| An authorized officer of the tobacco product manufacturer must form must be notarized. | st sign this form and check one box below. This | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|--|--|--|--|
| Participating Manufacturer: Under penalty of perjury, I state to in Part 1, as of the date of this Certification, is a participating manuel. Rev. Stat. § 69-2703(1). | | | | | | |
| I am the authorized designee for the participating manufacturer, which the participating manufacturer joined the MSA, and I am | | | | | | |
| I understand that the Nebraska Attorney General's Office or the Tax Commissioner may require additional and/or documentation to determine if applicant qualifies for listing on the Nebraska Directory. | | | | | | |
| I have examined this Certification, including attachments and sur and belief, this certification, including attachments and supporting | | | | | | |
| Nonparticipating Manufacturer: Under penalty of perjury, I st in Part 1, as of the date of this Certification, is a nonparticipating Neb. Rev. Stat. § 69-2703(2), and any regulations promulgated participating participating promulgated participating promulgated participating promulgated participating participati | g manufacturer in full compliance with all provisions of | | | | | |
| This certification must be signed by a qualified company officer a with the company and my actual authority to certify on behalf of t | | | | | | |
| I understand that the Nebraska Attorney General's Office or the and/or documentation to determine if applicant qualifies for listing | | | | | | |
| I have examined this Certification, including attachments and suknowledge and belief, this Certification, including attachments a and complete. | | | | | | |
| By signing this affidavit on behalf of the tobacco product manufacturer, I under comply with all state and federal laws concerning the sale of cigarettes as defined | | | | | | |
| Name of Officer of Tobacco Product Manufacturer (Print Name) | Title | | | | | |
| nere Signature of Officer | Date | | | | | |
| Subscribed and sworn to this date: | City or County of | | | | | |
| Signature of Notary Public: | Notary Commission expires: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Note: Notary Seal must be included. | | | | | | |

Checklist

| The following documents must be submitted electronically as part of your Form 55B: |
|------------------------------------------------------------------------------------------------------------|
| ☐ A current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company; |
| ☐ Brand Family Packaging or Labeling (if required); |
| Compliance Document Regarding Ingredient list; |
| Approval Letter Regarding Rotation Plan; |
| Manufacturer's Permit Under 26 U.S.C. § 5713; |
| ☐ Signature; and |
| ☐ Notary. |
| In the case of a nonparticipating manufacturer, please check that the following have also been provided: |
| Statement from Registered Agent of Manufacturer; |
| Consent to be Sued with Attachments; |
| Acceptance of Joint and Several Liabilty with Attachments (foreign manufacturer only); |
| ☐ Tobacco Tax Bureau Form 5210.5 or 5220.6; |
| |
| ☐ Bond Continuation Certificate; |
| New Model Escrow Agreement and Amendments if required; and |
| Account Statement with Complete History. |

Please send your Certification and all attachments electronically or by mail to the Attorney General's Office and the Nebraska Department of Revenue at the following addresses.

Office of the Nebraska Attorney General Attn: Consumer Protection Division 2115 State Capitol PO Box 98920 Lincoln, NE 68509-8920 ago.tobacco@nebraska.gov Garrett Nedved, Tax Specialist Sr. Nebraska Department of Revenue PO Box 94818 Lincoln, NE 68509-4818 garrett.nedved@nebraska.gov

Note: Incomplete and/or illegible Certification forms and any attachments will be returned.