

STATE OF NEBRASKA NON-PARTICIPATING MANUFACTURER CONSENT TO SUIT

Certification Year **2018**

Non-Participating Manufacturer Information:		
Business Name:	Contact Person:	
Mailing Address:	City:	
State/Country:	Zip Code:	
Telephone:	Email:	
CONSENT TO SUIT:		
The above-named Non-Participating Manufacturer does hereby consent that any action or proceeding		
against it arising from enforcement of the provisions of Neb. Rev. Stat. §§ 69-2702 through 69-2711,		
and any rules promulgated pursuant to these statutes, or the bringing of a released claim as defined in		
Neb. Rev. Stat. § 69-2702, may be commenced in any state court of competent jurisdiction within		
Nebraska.		
Initial by Authorized Representative:		
REQUIRED DOCUMENTATION ATTACHED:		
Proof of authority to consent to suit on be	ehalf of the Non-Participating Manufacturer, e.g.,	a
resolution by the Non-Participating Manufacturer 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 the consent to suit provision.		
SIGNATURE OF NON-PARTICIPATING MANUFACTURER:		
Authorized Representative:	Title:	
Representative Signature:	Date:	
Notary:		
Subscribed and Sworn Before Me on this Date:		
Signature of Notary Public:		
City or County of:		
My Commission Expires:		
Seal:		
May Tur Openius Court with Fort Tox		
MAIL THE ORIGINAL COMPLETED FORM TO: Office of the Nebraska Attorney General	MAIL OR EMAIL A COPY TO: Nebraska Tax Commissioner	
Attn: Consumer Protection Division	Attn: Cigarette Tax Division	
2115 State Capitol	P.O. Box 94818	

Lincoln, Nebraska 68509

Lincoln, Nebraska 68509-4818 Email: <u>cliff.thomas@nebraska.gov</u>