



This bond shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and continues in effect until the Surety withdraws from this bond by giving 60 days advance notice by registered or certified mail to the Office of the Nebraska Attorney General and the Nebraska Tax Commissioner (at the addresses provided hereinafter), provided such withdrawal shall not release said Surety from any liability existing hereunder at the time of the effective date of said withdrawal and further provided that said 60 days shall begin to run on the day following receipt of notice by the Office of the Nebraska Attorney General. More particularly, all obligations existing on the effective date of the Surety's withdrawal, including, but not limited to any escrow obligations, penalties, costs and attorney's fees, shall continue to be protected by this bond, even if no cause of action has accrued at the time of the withdrawal.

The NPM and the Surety, identified herein, waive any right or privilege that the State of Nebraska must first start an action or otherwise exhaust remedies against either the NPM, the entity with joint and several liability (if any) or the Surety before pursuing claims against the bond. If the NPM or the Surety breaches any condition of this bond, the State of Nebraska, may in its sole discretion pursue remedies against any or all of the following: the NPM, entity with joint and several liability (if any) and/or the Surety. Surety and NPM agree that Nebraska courts have personal jurisdiction over the Surety and NPM for claims under this bond, and that venue in Nebraska is proper.

| SIGNATURE OF NON-PARTICIPATING MANUFACTURER: |        |
|--|--------|
| Authorized Representative:                   | Title: |
| Representative Signature:                    | Date:  |

| SIGNATURE OF BONDING COMPANY: |        |
|-------------------------------|--------|
| Authorized Representative:    | Title: |
| Representative Signature:     | Date:  |

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| <b>Notary:</b>                               |
| Subscribed and Sworn Before Me on this Date: |
| Signature of Notary Public:                  |
| City or County of:                           |
| My Commission Expires:                       |
| Seal:  |

| MAIL THE ORIGINAL COMPLETED FORM TO:   | MAIL OR EMAIL A COPY TO:   |
|--|--|
| Office of the Nebraska Attorney General<br>Tobacco Enforcement Unit<br>2115 State Capitol<br>P.O. Box 98920<br>Lincoln, Nebraska 68509-8920<br><br>Email: <a href="mailto:ago.tobacco@nebraska.gov">ago.tobacco@nebraska.gov</a> | Nebraska Tax Commissioner<br>P.O. Box 94818<br>Lincoln, Nebraska 68509-4818<br><br>Email: <a href="mailto:cliff.thomas@nebraska.gov">cliff.thomas@nebraska.gov</a> |