

**Certificate of Compliance by Non-Participating Manufacturer Regarding
Quarterly Escrow Deposits for 2019 Sales**

Part 1: Manufacturer's Identification

Name: _____

Address: _____

Phone: _____

FAX: _____

Email Address: _____

Part 2: Calendar Quarter

The calendar quarter for this Certificate of Compliance is: _____ quarter, 2019.

Part 3: Units Sold

The number of "units sold" manufactured by the above entity and sold in Nebraska during this calendar quarter is as follows: _____ .

Part 4: Brands Sold

List the names of all brands manufactured by the above entity which were sold in Nebraska during the calendar quarter:

Part 5: Escrow Rates for Deposits

For "units sold" during calendar quarter _____, 2019, the statutory escrow rate of \$.0188482 per unit sold, as adjusted by an estimated inflation rate pursuant to Exhibit C of the MSA, is \$0.0357965 per unit sold.

(a) Enter the total number from Part 3 here: _____.

(b) Multiply that amount by the \$0.0357965.

(c) Enter the total here: _____

The total amount on line (c) above must be deposited on or before thirty (30) days after the end of the calendar quarter.

Note: A copy of the bank receipt or other proof of deposit from the financial institution must be attached to verify the amount of the escrow deposit.

Part 6: Financial Institution

Name of Institution: _____

Address: _____

Escrow Account No: _____

Cumulative total amount held in this account for the State of Nebraska for all years:

Part 7: Signature

Under penalty of perjury, I state that all of the information contained in this Certificate of Compliance is true and accurate. This Certificate of Compliance must also be signed and dated by an authorized notary public.

Name of Authorized Representative of NPM: _____

Title: _____

Signature of Authorized Representative of NPM: _____

Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____

City or County of _____

My Commission expires: _____

Mail or Email this Certificate of Compliance to:

Office of the Nebraska Attorney General

Tobacco Enforcement Unit

2115 State Capitol

P.O. Box 98920

Lincoln, NE 68509-8920

Email: ago.tobacco@nebraska.gov