



# 2026 NON-PARTICIPATING MANUFACTURER'S APPLICATION/ANNUAL CERTIFICATION FORM FOR THE STATE OF N.C.

[Pursuant to N.C. Gen. Stat. §66-291, et. seq.]

CERTIFICATION FOR SALES YEAR 2025

READ ALL INSTRUCTIONS AND NOTICES CAREFULLY.

**THE ANNUAL APPLICATION/CERTIFICATION FORM CONTAINS NEW REQUIREMENTS FOR 2026**

## INSTRUCTIONS

- **NEW FOR 2026:** This is now a .pdf fillable form. All forms must be typed or handwritten in print format.
- **NEW EMAIL ADDRESS FOR SUBMISSION:** All applications and additional documentation are to be emailed to the new email address: [nctobacco@ncdoj.gov](mailto:nctobacco@ncdoj.gov)
- **ALL ADDITIONAL DOCUMENTATION** must be submitted as separate exhibit documents titled with the corresponding section number/letter.
- **FILING DEADLINE:** Certification Forms must be emailed no later than **April 30, 2026**, to avoid removal from the North Carolina Tobacco Directory.

## NOTICES

- **ESCROW DEPOSIT DUE DATES:** April 15, 2026 is the escrow deposit due date for Nonparticipating Manufacturers (NPMs) subject to Annual Escrow Deposits. April 30, 2026 is the First Quarter Due date for NPMs subject to Quarterly Escrow Deposits.
- **PACT ACT COMPLIANCE REPORTS: NEW FOR 2026:** N.C. Attorney General's Office now requires all NPM'S to provide a copy of their monthly PACT ACT Compliance Reports per monthly reporting schedule. The reports must provide the NPM's units sold in **STICK COUNTS** along with any other requirements by the N.C. Department of Revenue. The PACT ACT compliance reports are to be emailed to [nctobacco@ncdoj.gov](mailto:nctobacco@ncdoj.gov)

**IT IS THE OBLIGATION OF THE PERSON COMPLETING THIS APPLICATION TO ENSURE THE FORM IS COMPLETE AND LEGIBLE. INCOMPLETE OR ILLEGIBLE CERTIFICATION APPLICATIONS WILL BE RETURNED.**

- An application will be deemed **incomplete** if the applicant: (a) is under a NC Revenue Suspension, (b) the applicant's certificate of authority to transact business is revoked, (c) the applicant fails to obtain a certificate of authority from the N.C. Secretary of State when required by law, or d) fails to fully complete the application and/or does not provide all requested documentation.
- This Certification Form **must be supplemented** to reflect any change in information at any time during the year. Any change of information *must* be submitted *30 days* prior to change. The failure to notify the N.C. Attorney General's Office of any changes to this information 30 days prior to any change, including changes in address, may result in removal from the North Carolina Tobacco Directory.
- The denial of a certification, removal of the Applicant or its brands from **any other state's tobacco directory**, or failure to notify the North Carolina Attorney General's Office of same, may, in the Attorney General's sole discretion, result in denial of this certification or immediate removal from the North Carolina Tobacco Directory.
- Please refer any questions to the Office of the Attorney General Tobacco Unit at [nctobacco@ncdoj.gov](mailto:nctobacco@ncdoj.gov) .

**Type of Certification (check one):**

Initial Certification – Applicant is not currently listed on the North Carolina Tobacco Directory

Annual Certification – Due April 30, 2026

Supplemental Certification – Change of information provided to the Attorney General or request to add (or delete) brands to the North Carolina Tobacco Directory

**SECTION A:**

**TOBACCO PRODUCT MANUFACTURER CERTIFICATION APPLICATION**

**INSTRUCTIONS:** NORTH CAROLINA REQUIRES THE ENTITY OR ENTITIES THAT CONTROL OR OWN THE MANUFACTURING PROCESS AND THAT CONTROL THE BRAND MARK, AS WELL AS THE IMPORTER, TO APPLY AND BE RESPONSIBLE FOR THE BRAND(S) APPROVED FOR SALE AND FOR THE RELATED ESCROW DEPOSITS

***PLEASE SEE SECTIONS B AND C FOR FURTHER INSTRUCTIONS FOR COMPLETING THE FORM AS TO AN IMPORTER OR TRADEMARK OWNER.***

**Part 1: Applicant Identification Information**

Company Name:

Mailing Address:

Street Address (if different from mailing address):

Name of person completing the application:

Name of contact person (if different from above):

Telephone Number:

Fax Number:

Email Address:

If represented by an Attorney:

Attorney's Name, Firm Name:

Mailing Address:

Telephone Number:

Fax No:

Email Address:

**1. Provide the following company information as of the date of this application:**

|   |   |
|---|---|
| <p><b>A. Fabricator/Manufacturer of Tobacco Product</b></p> <p>Is applicant the fabricator/manufacturer of the brands listed in this certification, which are intended to be sold in the United States, including cigarettes intended to be sold in the United States through an importer?</p> <p>If YES, provide the physical manufacturing address and below attachments:</p> <p>Address: _____</p> <p><b>ATTACH</b></p> <p>a) proof of ownership, possession and control of the manufacturing facilities and equipment identified herein; AND</p> <p>b) photographs of your manufacturing facility including interior and exterior views and indicate on the photographs where the equipment and facilities for fabricating/manufacturing the cigarettes, if any, are located and the date of the photographs taken.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Completed</p> |
| <p><b>B. First Importer for Resale in the United States</b></p> <p>If YES, <b>ATTACH:</b></p> <p>a) documentation identifying each cigarette fabricator/manufacturer, its plant address, mailing address, contact person, phone, and fax numbers and the relationship to the Applicant; AND</p> <p>b) copies of all agreements or contracts between the Applicant and fabricator.</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Completed</p> |
| <p><b>C. Trademark Owner of Brand Mark for brands listed in this certification.</b></p> <p>NOTE: If the Trademark Owner is an entity different from the TPM and has signed a Multi-Entity Escrow Agreement, then the Trademark Owner must complete "SECTION C: TRADEMARK OWNER" of this Certification Application.</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>   |
| <p><b>D. Is the Applicant the successor of a manufacturer or first importer?</b></p> <p>If YES:</p> <p>a) Identify the predecessor(s) and attach additional sheets as necessary to provide a complete response:</p> <p>List of Predecessor: _____</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>   |
| <p><b>E. Does an entity, other than the TPM, import the Brand(s) listed in this certification?</b></p> <p>If YES:</p> <p>a) <b>ATTACH</b> copies of all contracts with the Importer(s) of the Brand(s)</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Completed</p> |

## Part 2: License and Permit Information

ATF (TTB) Tobacco Permit Number:  Not Applicable

If located in U.S., Manufacturer's Federal Taxpay ID Number:  Not Applicable

Are All Distributor/Wholesalers in compliance with NC DOR licensing requirements?  
If you have questions, call NC DOR 919-707-7500  Yes  No

**ATTACH copies of all applicable permits or licenses**  Completed

## Part 3: Registered Agent Information

**N.C. Gen. Stat. § 66-294(b)(1)** requires an NPM to appoint and continuously maintain a process service agent within North Carolina to accept service of any notification or enforcement of an action under this Article. The NPM must file a certified copy of each instrument appointing a process service agent with the Secretary of State and the Office of the Attorney General.

**NOTE:** *The Registered Agent must provide 30 Day notice prior to resignation.*

Name of Registered Agent:

Mailing Address:

Name of Contact:

Telephone Number:

Fax Number:

Email Address:

Has the Applicant filed an instrument appointing a process service agent with the N.C. Secretary of State's Office?  Yes  No

Is the Registered Agent identified above the same process service agent on file with the N.C. Secretary of State's Office?  Yes  No

**If NO**, the applicant must update the filing with the N.C. Secretary of State's Office.

**ATTACH:**  Completed

- a) An original letter from the Registered Agent accepting appointment as Registered Agent on the company's letterhead and dated for the current year.
- b) A copy of the document filed with the N.C. Secretary of State's Office appointing a process service agent.

## Part 4: TPM's Organizational Information

Identify your business structure by checking the applicable box:

- Individual or Sole Proprietorship  
 Partnership  
 Corporation  
 Limited Liability Company  
 Association

Other (describe/explain):

**ATTACH** the following documents or information:

**Response  
Provided**    **N/A**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. <b>Documents Filed with a Government Agency:</b> Copy of document(s) regarding the formation of your business entity, including documentation showing the identity of the State or Country where the business entity was formed.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <b>Partnership or Association:</b> Current copy of the Certificate of Partnership or the certificate required to be filed by any state, county, or municipality.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <b>Corporation:</b> (1) Current copy of the Certificate of Incorporation or other charter; and (2) Extracts of documents listing the officers authorized to sign for the company.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <b>Limited Liability Company or other entity:</b> Current copy of the business document(s) filed with a state, county, or municipality when such filing is required. Include a copy of any document indicating persons authorized to sign for the entity.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>Company Officers/Owners:</b> Provide a list of all company officers and company owners (all persons with an equity interest of 10% or more in the company). Include name, address, phone number, and email address.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Organizational Chart:</b> List the name and role of all companies involved in the manufacturing process of the Brands in this certification and the relationship between the companies (e.g., parent/subsidiary, affiliate/sister.) For Affiliates: Provide a list of all company affiliates pursuant to N.C. Gen. Stat. §66-290(9) that also manufacture, import, distribute, or sell cigarettes or RYO. Include the name, address, and contact information for each affiliate. | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |                          |
|--|--|--------------------------|
| <p>7. <b>Agreements with Participating Manufacturers:</b> Identify any agreement between Applicant and any Participating Manufacturer (PM) or PM Affiliate that relates to the making, importing, distribution, transportation, or sale of any cigarettes or RYO.</p>  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <p>8. <b>Agreements Regarding Compliance with the Qualified Escrow Statute:</b> Attach any agreement that Applicant has with another entity regarding the production of cigarettes, as well as the funding or the rights of the Qualified Escrow Fund.</p>   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <p>9. <b>If you operate as Corporation or a Limited Liability Company:</b> Attach a copy of the Certificate of Authority granted to you by the North Carolina Secretary of State. See N.C. Gen. Stat. §55-15-01 (“A foreign corporation may not transact business in this State until it obtains a certificate of authority from the Secretary of State.”); N.C. Gen. Stat. §57D-7-01</p> <p>If N/A, attach an explanation as to why the Certificate of Authority requirement does not apply to your company.</p>  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <p>10. <b>Has your company’s North Carolina Certificate of Authority been revoked?</b> If so, attach an explanation and supporting documentation of your actions to regain compliance, including the date upon which you expect resolution of the issue. Note: A company that fails to file its annual reports with the N.C. Secretary of State’s Office risks non-compliance with the registered agent requirements for an NPM. See Part 2 Above. Annual Reports filed with the Secretary of State include a designation of a service of process agent. Failure to file annual reports may lead to revocation of a certificate of authority.</p>                        | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <p>11. <b>If your company has been placed on Revenue Suspension by the N.C. Secretary of State’s Office:</b> Attach an explanation and supporting documentation of your actions taken to resolve your revenue suspension, including the date upon which you expect resolution of the issue. Note: If you are in revenue suspension, you may also be at risk for having your certificate of authority revoked. See item 11 above.</p>   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <p>12. <b>Authority to Sign:</b> If the applicant is an entity other than an individual/sole proprietor, including without limitation all partnerships and/or corporations: Provide documentation showing that the person who signs this certification application has the authority to sign and make binding commitments on behalf of the Applicant. Examples include partnership agreements, corporate resolutions, and articles of incorporation showing the name(s) of person(s) authorized to sign on behalf of the Applicant. North Carolina requires that the applicant, rather than the applicant’s outside legal counsel, sign the application. See Part 9.</p> | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <p><b>Part 5: TPM’s Disclosures Concerning Compliance History and Brand Compliance</b></p>   |  |                          |
| <p>1. Has the non-participating manufacturer or any affiliate thereof illegally failed to satisfy an escrow obligation with respect to any state in the past?</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
| <p>2. Has any state removed the nonparticipating manufacturer or its brand families or an affiliate or any of the affiliate’s brand families from the state’s tobacco directory for noncompliance with state escrow laws?</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |

|  |  |
|--|--|
| 3. Does any state have pending litigation against, or an unsatisfied judgment against the nonparticipating manufacturer or any affiliate thereof for escrow or penalties related to noncompliance with the state's laws?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the nonparticipating manufacturer sell its cigarettes or tobacco products directly to consumers via remote or other non-face-to-face means?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has a state or federal court, or a state or federal agency, determined that the nonparticipating manufacturer has violated any tobacco tax or tobacco control law or engaged in unfair business practice or unfair competition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has the nonparticipating manufacturer failed to submit or complete any required forms, documents, certifications, or notices in a timely manner, or to the satisfaction of the Attorney General?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has the nonparticipating manufacturer delivered or sold unlisted Brands into North Carolina directly, or indirectly through distributors, wholesalers, affiliate businesses, the internet, or any other means?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Has the nonparticipating manufacturer advertised or sold Cigarettes/RYO via the Internet or in catalogs and/or used the mail or other delivery service to deliver Cigarettes/RYO to North Carolina consumers?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does the nonparticipating manufacturer intend to advertise or sell Cigarettes/RYO via the Internet or in catalogs and/or use the mail or other delivery service to deliver Cigarettes/RYO to North Carolina consumers?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Does the nonparticipating manufacturer sell Cigarettes/RYO onto or through a Stamping Agent or Distributor who sells the Cigarettes/RYO onto an Indian Reservation located in North Carolina?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. For each "YES" answer above on questions 1-10, attach documentation explaining the circumstances and, where applicable, how/if the matter was resolved.  | <input type="checkbox"/> Attached                        |
|  | <input type="checkbox"/> N/A                             |
| 12. Is Applicant or any of the persons or Affiliates listed in the certification entitled to claim Sovereign Immunity based on Tribal Status?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide information regarding tribal status and affiliation:   |  |
| 13. Is Applicant in compliance with the Federal Family Smoking Prevention and Tobacco Control Act (Public Law 111-31), including Section 907(a)(1)(A), which bans the sale of all flavored cigarettes?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the answer is "NO," attach documentation explaining the circumstances.  |  |
|  | <input type="checkbox"/> Attached                        |
|  | <input type="checkbox"/> N/A                             |

14. Does Applicant advertise via an internet website, other social media, catalogs, or other print media?  Yes  No

15. If yes to preceding question, has applicant provided notice to the FDA pursuant to 21 C.F.R. Part 1140.30?  Yes  No

## Part 6: Brand and Distributor Information

1. Using **Attachment 1**:  Completed

- a) List all brands and styles Applicant seeks to certify for the current sales year
- b) Indicate whether any brand family is RYO
- c) Identify any brands Applicant is requesting to be deleted or added to North Carolina's Directory
- d) Indicate the number of units sold in the prior year

2. Using **Attachment 2**: List Wholesalers and Distributors to whom cigarettes were sold for distribution in the State of North Carolina, including their address, telephone number and email address  Completed

3. **Current Trademark Holder**: Include the name and address of the current trademark holder for the brand(s) in this application and, if the Applicant is not the trademark owner, provide documentation showing that the Applicant has the exclusive U.S. right to use the brand(s) and is in compliance with all intellectual property law.  Completed

**ATTACH:** a current copy from United States Patents Trademark Office, Trademark Center (<https://trademarkcenter.uspto.gov/>) of the trademark registration or other documentation showing compliance with intellectual property laws (See N.C. Gen. Stat. §14-401.18)

4. **Sample Packaging**: Provide an electronic sample of the packaging (pack and carton) for each style of the Brand of cigarettes listed in your application. (See N.C. Gen. Stat. §14-401.18)  Completed

5. **UPC Codes**: Provide a current listing of all UPC codes of cigarettes and RYO products that are manufactured by your company  Completed

## Part 7: Additional Documentation for Cigarette Brands

1. **PACT Act**: Attach a copy of the PACT Act **Registration** filed with the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and the North Carolina Department of Revenue. Provide the manufacturer's registration and the importer's registration, as applicable. **New for 2026: All NPM's are required to provide a copy of their PACT Act reports per the monthly reporting schedule to the N.C. Attorney General's Office at [nctobacco@ncdoj.gov](mailto:nctobacco@ncdoj.gov).**  Completed

|   |                                    |
|---|------------------------------------|
| <p>2. <b>Federal Trade Commission (“FTC”):</b> <i>Cigarettes Only</i> - Attach a copy of the FTC’s written approval of the Applicant’s <b>current</b> Cigarette Health Warning Rotation Plan for each brand which Applicant seeks to certify in this application.</p>   | <input type="checkbox"/> Completed |
| <p>3. <b>Centers for Disease Control (“CDC”):</b> <i>Cigarettes Only</i> - For each brand family, list the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act. Attach a current copy of the Certificates of Compliance received from the U.S. Secretary of Health and Human Services for Applicant’s annual ingredient report and submission cover letter listing brands which Applicant seeks to certify in this application.</p> | <input type="checkbox"/> Completed |
| <p>4. <b>Fire Standard Compliance (“FSC”):</b> <i>Cigarettes Only</i> - For each brand family, please attach a letter from the North Carolina Fire Marshal’s Office indicating that the brands and styles of each brand for which the Applicant seeks certification are FSC Compliant.</p>  | <input type="checkbox"/> Completed |
| <p>5. <b>Resolve Discrepancies:</b> IMPORTANT: Review your FTC approval letter, the CDC letter, and the FSC list and if there is not a direct name match between the brand families or styles listed in these documents, then explain the discrepancy and how the discrepancy will be or has been resolved. Examples of discrepancies: a brand style in the FTC letter is not listed in the FSC list or there are name variations between styles in the FTC letter and the FSC list.</p>  | <input type="checkbox"/> Completed |

**Part 8: Joint and Several Liability Bondings**

A. Joint and Several Liability by Importers (if applicable)

**Acceptance of Joint and Several Liability by Importers:** In the case of Non-Participating Manufacturers located outside of the United States, Section B of this form must be completed by the Importer and **a properly executed copy of the Affidavit of Importer must be included with this Certification.**

B. Bonding Requirement (if applicable)

**Bonding:** Does the Non-Participating Manufacturer submitting this certification have a bond in place to cover escrow liability for sales made in North Carolina during the preceding calendar year?  Yes  No

If YES: **ATTACH** a copy of bond documentation:  Completed

**NOTE:** If this is an initial application or if you are required by the Attorney General’s Office to post a bond, include with this application an executed Tobacco Escrow Bond on the relevant form provided on the tobacco application website. In accordance with N.C. Gen. Stat. §66-294(b)(7), the bond shall be posted by a United States-located corporate surety in an amount equal to fifty thousand (\$50,000) dollars or the greatest amount of escrow the manufacturer in either its current or predecessor form was required to deposit as a result of its highest calendar year’s sales in North Carolina or greatest quarterly escrow deposit depending on the manufacturer’s required escrow deposit frequency. The bond shall be written in favor of the State of North Carolina and shall be conditioned on the performance by the nonparticipating manufacturer, or its United States importer that undertakes joint and several liability for the manufacturer’s performance in accordance with N.C. Gen. Stat. §66-294.2.

## Part 9: Qualified Escrow Account

### A. Escrow Account Information and Certifications

Name of Financial Institution:

Contact Agent Name:

Mailing Address:

Telephone Number:

Fax Number:

Email Address:

Escrow Account No. :

North Carolina Sub-Account No. :

#### The Applicant certifies that it has:

1. Established and continues to maintain a Qualified Escrow Fund as defined under N.C. Gen. Stat. §66- 290(6).  Yes  No
2. Executed a Qualified Escrow Agreement that governs the Qualified Escrow Fund for the State of North Carolina and has **ATTACHED** a copy of the Qualified Escrow Agreement, including any amendment(s).  Yes  No
3. Ensured that the escrow funds held in the Qualified Escrow Fund on behalf of North Carolina are in a segregated account, separate and apart from escrow funds held on behalf of any other beneficiary.  Yes  No
4. Ensured that the Qualified Escrow Fund is not encumbered by a security interest granted to a third party.  Yes  No
5. **ATTACHED** an annual bank statement for the Qualified Escrow Fund for 2025 including all transactions related to the Qualified Escrow Fund.  Completed
6. **NEW:** The Non-Participating Manufacturer has:
  - a) **ATTACHED** a detailed escrow deposit ledger of all individual deposits and withdrawals, with dates of each deposit and withdrawal, from date of inception to date of the Qualified Escrow Account.  Completed
  - b) If applicable, provided explanation with documentation for each withdrawal from the Qualified Escrow Fund within the past year  Completed  
 N/A

**B. Funds Deposited into Qualified Escrow Account (check one):**

Pursuant to N.C. Gen. Stat. §66-291(a)(2), an approved tobacco product manufacturer shall place into a qualified escrow fund by April 15 of the year following the year in question a certain amount adjusted for inflation

**Escrow Rate for 2025 sales: The rate per cigarette is \$0.0460645.**

*(Use the per-cigarette escrow rate above to figure the total deposit amount, including inflation adjustment, in a single calculation):*

**Units Sold:** \_\_\_\_\_ x **\$0.0460645** = \$ \_\_\_\_\_ **(2025 Total Escrow Owed)**

**2025 Total Escrow Deposited:** \$ \_\_\_\_\_

**Note:** If Manufacturer is also depositing escrow based on RYO tobacco sales, add the total cigarette escrow deposit from above to the RYO tobacco escrow deposit total as indicated on Compliance Certification for RYO tobacco sales, and make one combined deposit, for cigarettes and RYO tobacco, to the escrow account.

1. The Applicant has deposited funds into a qualified escrow account for units sold in North Carolina during calendar year 2025  Yes  No

2. The Applicant had zero sales in North Carolina during calendar year 2025  Yes  No

3. If Applicant has deposited funds, attach bank verification of the amount and the date(s) of deposit to North Carolina's segregated sub-account for 2025  Completed

## Part 9: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

Under penalty of falsification, I, \_\_\_\_\_ (name), hereby certify that I have knowledge of the information contained herein and in the accompanying 2026 Certification of \_\_\_\_\_ (Insert Name of Tobacco Product Manufacturer).

I certify that I am the \_\_\_\_\_ (Office or Position or Title) of the Tobacco Product Manufacturer.

I certify that I have the authority to bind the Tobacco Product Manufacturer (“TPM”) in matters related to the information contained in the 2026 Certification of Tobacco Product Manufacturer, including information related to the number of units sold in North Carolina in calendar year 2025.

Under penalty of perjury, I certify that the **Tobacco Product Manufacturer (TPM)** named in Section A, Part 1, as of the date of the certification, is a non-participating manufacturer in full compliance with all applicable sections of Title 37, Chapter 66 of the North Carolina General Statutes and any regulation promulgated thereto; and

I certify that I understand that under the North Carolina Tobacco Reserve Fund and Escrow Act, N.C. Gen. Stat. §66-290 *et seq.*, each cigarette or stick is a “unit sold.” N.C. Gen. Stat. §66-291 (10).

I certify that there were \_\_\_\_\_ units sold by Tobacco Product Manufacturer in North Carolina in 2025 and that the TPM’s deposit total for 2025 cigarette sales is \$ \_\_\_\_\_.

I represent on behalf of the TPM the following:

1. TPM completed this Certification, answered all questions and prepared all Attachments and Documents completely, accurately and truthfully.
2. TPM appointed and will continuously maintain a process service agent within the State of North Carolina.
3. TPM filed a certified copy of the instrument appointing the process service agent with the Secretary of State and the Attorney General as evidenced by the documentation included with this Application/Certification.
4. TPM submitted, on or before April 30th (in each year its Brands were sold in the State of North Carolina) and will continue to submit an Annual Certification to the Office of the Attorney General in accordance with N.C. Gen. Stat. §§ 66-291 and 66-294.
5. TPM will notify the Office of the Attorney General of any proposed changes affecting the list of Brands the TPM offers for sale at least 30 days prior to the change via a Supplemental Certification and **will not sell or deliver, directly or indirectly, a Brand into North Carolina until applicant receives written notification of approval.**
6. TPM has made all escrow payments required under N. C. Gen. Stat. § 66-291.
7. Neither the TPM, its predecessors nor any of its officers, directors and employees have been involved with any tobacco product that has failed to comply with the Escrow or Brand Listing laws in North Carolina or any other State, unless this information has been disclosed and explained as a part of this Application/Certification.
8. TPM is adequately capitalized and has sufficient assets to comply with all escrow requirements for the Brands which applicant requests be listed on the Approved Tobacco List. TPM/Applicant understands that a fraudulent statement concerning the financial capability of the TPM/Applicant designed to induce the State of North Carolina to approve the TPM/Applicant as a Compliant NPM and add the TPM/Applicant and its Brands to the Approved Tobacco List may be considered a violation of North Carolina laws, including but not limited to the Unfair and Deceptive Trade Practices Act.
9. TPM submitted and received written approval of an escrow agreement and any amendments in the form required by the State of North Carolina and such agreement is attached hereto; or

10. TPM submits, attached to this Application/Certification, an Escrow Agreement in the form required by North Carolina and subject to approval by the North Carolina Attorney General's Office.
11. TPM is currently in compliance with all applicable laws. Complete, true and accurate copies of documents necessary to support this claim are attached and incorporated herein as part of this Application/Certification as Documents \_\_\_\_\_ through \_\_\_\_\_.
12. TPM is the appropriate entity to pay escrow for the Brand(s) contained in this Application/Certification and to defend any claims that may arise related to the Brand(s).
13. It is unlawful to offer for sale in the State of North Carolina any cigarette that is not compliant with the North Carolina Fire Safety Standard and Firefighter Protection Act. The Brands sought to be certified in this application are fire safe compliant with the North Carolina Fire Safety Standard and Firefighter Protection Act. <http://www.ncdoi.com/osfm/FireSafetyPrograms>.
14. TPM will promptly update this Application/Certification in writing if any changes or modifications occur to the information provided herein.
15. TPM agrees to comply with all requirements of the Prevent All Cigarette Trafficking Act (PACT Act), including all reporting requirements to the N.C. Department of Revenue and the N.C. Attorney General's Office, as the Act applies to all shipments, deliveries or sales of cigarettes or other tobacco products in or into the State of North Carolina. TPM acknowledges that failure to do so may result in de-listing or other legal action.
16. TPM assumes responsibility for all representations and all escrow deposit obligations for the Brands listed in this Application/Certification until TPM receives written notification that TPM is released by the North Carolina Office of the Attorney General from responsibility for the Brand(s) listed in the Application/Certification.
17. The TPM consents to being sued in North Carolina Superior Court for the purpose of the State of North Carolina enforcing any provisions of the North Carolina General Statutes and the application of North Carolina law.

**THIS AFFIDAVIT MUST BE SIGNED AND DATED BEFORE A NOTARY**

I HEREBY CERTIFY:

\_\_\_\_\_  
Signature of Affiant  
Officer for Tobacco Product Manufacturer

Dated: \_\_\_\_\_, 20\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me on this \_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print Name)

(SEAL)

My Commission Expires: \_\_\_\_\_





**SECTION B:**

**TOBACCO IMPORTER ANNUAL APPLICATION AND  
ACCEPTANCE OF JOINT-AND-SEVERAL LIABILITY 2026**

**INSTRUCTIONS:** COMPLETE THIS “SECTION B” FORM IF THE IMPORTER IS AN ENTITY DIFFERENT THAN THE TPM AND IS ON THE MULTI-ENTITY ESCROW AGREEMENT AND/OR IF THE IMPORTER IS REQUIRED TO UNDERTAKE JOINT AND SEVERAL LIABILITY FOR THE PERFORMANCE OF A TPM LOCATED OUTSIDE THE UNITED STATES.

| <b>Part 1: Importer Information</b>                          |   |                |
|--|---|----------------|
| Business Name:   |   |                |
| Street Address:  |   |                |
| Mailing Address (if different from street address):          |   |                |
| Telephone Number:  | Fax Number:                             | Email Address: |
| Contact Person:  |   |                |
| If represented by an Attorney:                               |   |                |
| Attorney’s Name, Firm Name:                                  |   |                |
| Mailing Address:   |   |                |
| Telephone Number:  | Fax Number:                             | Email Address: |
| <b>Part 2. License and Permit Information</b>                |   |                |
| ATF (TTB) Tobacco Permit Number:                             | <input type="checkbox"/> Not Applicable |                |
| If located in U.S., Manufacturer’s Federal Taxpay ID Number: | <input type="checkbox"/> Not Applicable |                |
| <b>ATTACH</b> copies of all applicable permits or licenses   | <input type="checkbox"/> Completed      |                |

### Part 3: Organizational Information

Type of Business Entity (check one):

Sole Proprietorship  General Partnership  Limited Partnership  Corporation  Limited Liability Company

Other (describe/explain):

State/Country where Created, Incorporated or Registered:

**ATTACH** a copy of the current:

- a) Articles of Incorporation  Completed
- b) Certificate of Limited Partnership
- c) Articles of Organization, or comparable applicable document, including any amendments

### Part 4: Authority to Sign

If the Importer is an entity other than an individual/sole proprietor, including without limitation all partnerships and/or corporations:

**ATTACH** documentation (partnership agreements, corporate resolutions, or articles of incorporation showing the name(s) of person(s) authorized to sign on behalf of the Importer) showing that the person who signs this certification application has the authority to sign and make binding commitments on behalf of the Applicant.

Completed

### Part 5: Non-Participating Manufacturer for Whom Liability Is Accepted

Business Name:

Contact Person:

Address:

Telephone Number:

Fax Number:

Email Address:

### Part 6: Brand Families Being Imported for Non-Participating Manufacturer

### Part 7: Importer Contract Information

The Importer imports these cigarettes are under: (check one)

Written contract commencing \_\_\_\_\_ and expiring \_\_\_\_\_.

Oral contract or informal agreement.

If the cigarette brand families are imported under a written contract, has a copy of that contract been **ATTACHED**?

Completed

## Part 8: Escrow Agreement

The Importer has signed on a multi-entity escrow agreement for the benefit of the State of North Carolina:  Yes  No

If the answer to the above question is “yes,” then **ATTACH** a copy of the multi-escrow agreement to this application unless the document has been provided in the TPM’s annual certification application.

Attached  Provided by TPM

## Part 9: Compliance History

1. Has the importer illegally failed to satisfy an escrow obligation with respect to any state in the past?  Yes  No
2. Does any state have pending litigation against, or an unsatisfied judgment against the importer for escrow or penalties related to noncompliance with the state’s laws?  Yes  No
3. Has a state or federal court, or a state or federal agency, determined that the importer has violated any tobacco tax or tobacco control law or engaged in unfair business practice or unfair competition?  Yes  No
4. Has the importer failed to submit or complete any required forms, documents, certifications, or notices in a timely manner or, to the satisfaction of the Attorney General?  Yes  No
5. Has the importer delivered or sold unlisted Brands into North Carolina directly, or indirectly through distributors, wholesalers, affiliate businesses, the internet or any other means?  Yes  No
6. Has the importer advertised or sold Cigarettes/RYO via the Internet or in catalogs and/or used the mail or other delivery service to deliver Cigarettes/RYO to North Carolina consumers?  Yes  No
7. Does the importer intend to advertise or sell Cigarettes/RYO via the Internet or in catalogs and/or use the mail or other delivery service to deliver Cigarettes/RYO to North Carolina consumers?  Yes  No
8. Does the importer sell Cigarettes/RYO onto or through a Stamping Agent or Distributor who sells the Cigarettes/RYO onto an Indian Reservation located in North Carolina?  Yes  No
9. For each “YES” answer above, **ATTACH** documentation explaining the circumstances and, where applicable, how/if the matter was resolved.  Attached  N/A

## Part 10: Acceptance of Joint and Several Liability

In accordance with N.C. Gen. Stat. §66-294.2, for all sales of brands of cigarettes identified above occurring in the State of North Carolina, the Importer hereby accepts joint-and-several liability with the Non-Participating Manufacturer identified above for deposit of all escrow due, payment of all penalties imposed, and all costs and attorney’s fees imposed for escrow liability under N.C. Gen. Stat. §66-291, *et seq.*, including all quarterly payments that may be required by §66-294.1, *et seq.*

INITIALS OF IMPORTER:

## Part 11: Consent to Suit

The above-named Importer does hereby consent to being sued in the North Carolina Superior Court for the purpose of the State of North Carolina enforcing any provisions of the North Carolina General Statutes, Article 37, Chapter 66, §66-290 et seq.

INITIALS OF IMPORTER:

## Part 12: Importer Registered Agent Information

**N.C. Gen. Stat. § 66-294(b)(1)** requires an NPM to appoint and continuously maintain a process service agent within North Carolina to accept service of any notification or enforcement of an action under this Article. The NPM must file a certified copy of each instrument appointing a process service agent with the Secretary of State and the Office of the Attorney General.

**NOTE:** *The Registered Agent must provide 30 Day notice prior to resignation.*

Name of Registered Agent:

Mailing Address:

Name of Contact:

Telephone Number:

Fax Number:

Email Address:

Has the importer filed an instrument appointing a process service agent with the N.C. Secretary of State's Office?

Yes  No

Is the Registered Agent identified above the same process service agent on file with the N.C. Secretary of State's Office?

Yes  No

**If NO**, the importer must update the filing with the N.C. Secretary of State's Office.

**ATTACH:**

- a) An original letter from the Registered Agent accepting appointment as Registered Agent on the company's letterhead and dated for the current year.
- b) A copy of the document filed with the N.C. Secretary of State's Office appointing a process service agent.

Completed

## Part 13: Bonding

Does the Importer submitting this form have a bond in place to cover escrow liability for sales made in North Carolina during the sales year?

Yes  No

If the answer to the preceding question is “yes,” has a copy of the bonded documents been **ATTACHED**?

Completed

## Part 14: AFFIDAVIT OF IMPORTER

Under penalty of falsification, I, \_\_\_\_\_ (print name), hereby certify that I have knowledge of the information contained in this TOBACCO IMPORTER ANNUAL APPLICATION AND ACCEPTANCE OF JOINT-AND-SEVERAL LIABILITY 2026.

I certify that I am the \_\_\_\_\_ (office or position or title) of the Importer.

Importer understands that this annual application must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the Importer meets the foregoing requirements. Where the “Initial of Importer” appears in this annual application, I have placed my initials in the corresponding space and my initials bind the Importer.

1. Importer completed this Certification, answered all questions and prepared all Attachments and Documents completely, accurately and truthfully.
2. Importer appointed and will continuously maintain a process service agent within the State of North Carolina.
3. Importer filed a certified copy of the instrument appointing the process service agent with the Secretary of State and the Attorney General as evidenced by the documentation included with this Application.
4. Importer submitted, on or before April 30th (in each year its Brands were sold in the State of North Carolina) and will continue to submit an Annual Application to the Office of the Attorney General in accordance with N.C. Gen. Stat. §§ 66-291, 66-294, and 66-294.1.
5. Importer will notify the Office of the Attorney General of any proposed changes affecting the list of Brands the Importer offers for sale at least 30 days prior to the change via a Brand Addition or Brand Deletion form found at the North Carolina Attorney General’s website <http://www.ncdoj.com> and **will not sell or deliver, directly or indirectly, a Brand into North Carolina until applicant receives written notification of approval.**
6. Importer and the TPM have made all escrow payments required under N.C. Gen. Stat. § 66-291.
7. Neither the Importer, its predecessors nor any of its officers, directors and employees have been involved with any tobacco product that has failed to comply with the Escrow or Brand Listing laws in North Carolina or any other State, unless this information has been disclosed and explained as a part of this Application.
8. Importer is adequately capitalized and has sufficient assets to comply with all escrow requirements for the Brands listed in this application. Importer understands that a fraudulent statement concerning the financial capability of the Importer designed to induce the State of North Carolina to approve the Importer as compliant and to add/retain the Brands to the Approved Tobacco List may be considered a violation of North Carolina laws, including but not limited to the Unfair and Deceptive Trade Practices Act.
9. Importer submitted and received written approval of an escrow agreement and any amendments in the form required by the State of North Carolina and such agreement is attached hereto unless provided by the TPM with its annual certification application; or
10. Importer submits, attached to this Application, an Escrow Agreement in the form required by North Carolina and subject to approval by the North Carolina Attorney General’s Office.

11. Importer is currently in compliance with all applicable laws. As part of this Application, Importer has attached and incorporated herein complete, true and accurate copies of documents necessary to support this claim. Those attached Documents are labeled as Documents \_\_\_\_\_ through \_\_\_\_\_.
12. Importer, being jointly and severally liable with the NPM, is the appropriate entity to pay escrow for the Brand(s) contained in this Application and to defend any claims that may arise related to the Brand(s).
13. It is unlawful to offer for sale in the State of North Carolina any cigarette that is not compliant with the North Carolina Fire Safety Standard and Firefighter Protection Act. The Brands sought to be certified in this application are fire safe compliant with the North Carolina Fire Safety Standard and Firefighter Protection Act. <http://www.ncdoi.com/osfm/FireSafetyPrograms>.
14. Importer will promptly update this Application in writing if any changes or modifications occur to the information provided herein.
15. Importer agrees to comply with all requirements of the Prevent All Cigarette Trafficking Act (PACT Act), including all reporting requirements to the N.C. Department of Revenue and the N.C. Attorney General's Office, as the Act applies to all shipments, deliveries or sales of cigarettes or other tobacco products in or into the State of North Carolina. Importer acknowledges that failure to do so may result in de-listing or other legal action.
16. Importer assumes responsibility for all representations and all escrow deposit obligations for the Brands listed in this Application until Importer receives written notification that Importer is released by the North Carolina Office of the Attorney General from responsibility for the Brand(s) listed in the Application.
17. Importer consents to being sued in North Carolina Superior Court for the purpose of the State of North Carolina enforcing any provisions of the North Carolina General Statutes and the application of North Carolina law.

**THIS AFFIDAVIT MUST BE SIGNED AND DATED BEFORE A NOTARY**

I HEREBY CERTIFY:

\_\_\_\_\_  
Signature of Affiant  
Officer for Importer

Dated: \_\_\_\_\_, 20\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me on this \_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print Name)

(SEAL)

My Commission Expires: \_\_\_\_\_

## SECTION C:

### Trademark Owner Certification Application

**INSTRUCTIONS:** COMPLETE "SECTION C" IF THE TRADEMARK OWNER IS AN ENTITY DIFFERENT FROM THE TPM AND (1) THE TRADEMARK OWNER IS A PARTY TO THE MULTI-ENTITY ESCROW AGREEMENT; OR (2) FOR AN INITIAL TPM APPLICATION OR FOR A SUPPLEMENTAL APPLICATION, THE TRADEMARK OWNER WILL BE A PARTY TO THE MULTI-ENTITY ESCROW AGREEMENT.

#### **Part 1: Trademark Owner Identification**

Company Name:

Mailing Address:

Street Address (if different from mailing address)

Name of person completing the application:

Name of contact person (if different from above):

Telephone Number:

Fax No:

Email Address:

If represented by an Attorney:

Attorney's Name, Firm Name:

Mailing Address:

Telephone Number:

Fax No.:

Email Address:

#### **Part 2: Trademark Owner License and Permit Information**

ATF (TTB) Tobacco Permit Number:

Not Applicable

**ATTACH** copies of all applicable permits or licenses

Completed

### Part 3: Trademark Owner Registered Agent Information:

**NOTE:** *The Registered Agent must provide 30 Day notice prior to resignation*

Name of Registered Agent:

Mailing Address:

Name of Contact:

Telephone Number:

Fax Number:

Email Address:

Has the trademark owner filed an instrument appointing a process service agent with the N.C. Secretary of State's Office?  Yes  No

Is the Registered Agent identified above the same process service agent on file with the N.C. Secretary of State's Office?  Yes  No

**If NO**, the trademark owner must update the filing with the N.C. Secretary of State's Office.

**ATTACH:**  Completed

- a) An original letter from the Registered Agent accepting appointment as Registered Agent on the company's letterhead and dated for the current year.
- b) A copy of the document filed with the N.C. Secretary of State's Office appointing a process service agent.

### Part 4: Organizational Information and Documents for Trademark Owner

Identify your business structure by checking the applicable box:

- Individual or Sole Proprietorship  Partnership  Corporation  Limited Liability Company  
 Association  Other (describe/explain):

1. Provide the applicable documentation and information requested in Items 1-8 located in "Part 4 TPM's Organizational Information".  Completed

2. Provide responses to Items 9-11 located in "Part 4 TPM's Organizational Information"  
**ATTACH** additional sheets as necessary for your answer(s).  Completed

3. Provide the "Authority to Sign" documentation described in Item 12 located in "Part 4 TPM's Organizational Information."  Completed

## Part 5: Compliance History

Has the trademark owner been in Litigation or had any Judgments, Fines, or Penalties involving, relating to or affiliated with tobacco products; failed to satisfy an escrow obligation, or had any of its brands removed from a state's tobacco directory for its noncompliance with state escrow laws?  Yes  No

If YES, **ATTACH** documentation explaining in detail the circumstances and include the Brand involved, jurisdiction, parties, and status of the matter.  Completed  N/A

## Part 6: Escrow Agreement History

1. Is the trademark owner a party to a multi-entity Escrow Agreement approved as to form by the Office of the Attorney General? (If this is an Initial Application or Supplemental Application for a change of information, then mark the response to question 1 as "No"; mark question 2 as "Not Applicable"; and proceed to question 2.

Yes  No

IF YES: What is the date of that Agreement? \_\_\_\_\_.

IF YES, **ATTACH** a copy of the Escrow Agreement **UNLESS** the TPM has submitted a copy signed by you, the trademark owner, with the TPM's annual certification application. If the TPM has submitted the Escrow Agreement then check the "Not Applicable" box.

Completed  N/A

2. **IMPORTANT:** For an Initial Application or Supplemental Application, trademark owner must attach the Escrow Agreement as well as all documents, agreements, or contracts (e.g., entered into with the TPM) concerning the trademark owner's obligation to deposit escrow for sales in North Carolina.

Completed  N/A

## PART 7: AFFIDAVIT OF TRADEMARK OWNER

Under penalty of falsification, I, \_\_\_\_\_(name), hereby certify that I have knowledge of the information contained herein and in the accompanying 2026 Supplemental Trademark Owner Application/Certification of \_\_\_\_\_(Name of Trademark Owner).

I certify that I am the \_\_\_\_\_(office or position or title) of the Trademark Owner and that I have the authority to bind the Trademark Owner in matters related to the information contained in the 2026 Supplemental Trademark Owner Application/Certification. I further certify that the **Trademark Owner** named in Part 1 of the 2026 Supplemental Trademark Owner Application/Certification, as of the date of the certification, is in full compliance with all applicable sections of Title 37, Chapter 66 of the North Carolina General Statute.

I represent on behalf of the Trademark Owner the following:

1. Trademark Owner completed this Certification, answered all questions and prepared all Attachments and Documents completely, accurately and truthfully.
2. Trademark Owner appointed and will continuously maintain a process service agent within the State of North Carolina.
3. Trademark Owner filed a certified copy of the instrument appointing the process service agent with the Secretary of State and the Attorney General as evidenced by the documentation included with this Application/Certification.
4. Trademark Owner submitted, on or before April 30th (in each year its Brands were sold in the State of North Carolina) and will continue to submit an Annual Certification to the Office of the Attorney General in accordance with N.C. Gen. Stat. §§ 66-291 and 66-294.
5. Trademark Owner will notify the Office of the Attorney General of any proposed changes affecting the list of Brands the TPM offers for sale at least 30 days prior to the change via a Brand Addition or Brand Deletion form found at the North Carolina Attorney General's website <http://www.ncdoj.gov/About-DOJ/Legal-Services/Legal-Resources/Tobacco-Lists.aspx> and **will not sell or deliver, directly or indirectly, a Brand into North Carolina until applicant receives written notification of approval.**
6. Trademark Owner has not defaulted on any escrow payment under the Multi-Entity Escrow Agreement signed for the benefit of the State of North Carolina and all escrow payments required under N.C. Gen. Stat. § 66-291 have been made.
7. Neither the Trademark Owner, its predecessors nor any of its officers, directors and employees have been involved with any tobacco product that has failed to comply with the Escrow or Brand Listing laws in North Carolina or any other State, unless this information has been disclosed and explained as a part of this Application/Certification in Part 4 above.
8. Trademark Owner is adequately capitalized and has sufficient assets to comply with all escrow requirements for the Brands which applicant requests be listed on the Approved Tobacco List. The Trademark Owner understands that a fraudulent statement concerning the financial capability of the Trademark Owner designed to induce the State of North Carolina to approve the Trademark Owner as a Compliant NPM and add the Trademark Owner and its Brands to the Approved Tobacco List may be considered a violation of North Carolina laws, including but not limited to the Unfair and Deceptive Trade Practices Act.
9. Trademark Owner has submitted and received written approval of an Escrow Agreement and any amendments in the form required by the State of North Carolina and such agreement is attached hereto unless provided by the TPM with its annual certification application; or, if this is an Initial Application or Supplemental Application, Trademark Owner has submitted the escrow agreement in the form required by North Carolina and subject to approval by the North Carolina Attorney General's Office.
10. Trademark Owner is currently in compliance with all applicable laws. The Trademark Owner represents that true and accurate copies of the documents necessary to support this claim are attached and incorporated herein as part of this Application/Certification. Those attached Documents are labelled as Documents \_\_\_\_\_ through \_\_\_\_\_.
11. Trademark Owner is the appropriate entity to pay escrow for the Brand(s) contained in this Application/Certification and to defend any claims that may arise related to the Brand(s).
12. It is unlawful to offer for sale in the State of North Carolina any cigarette that is not compliant with the North Carolina Fire Safety Standard and Firefighter Protection Act. The brands sought to be certified in this application are fire safe compliant

with the North Carolina Fire Safety Standard and Firefighter Protection Act. <http://www.ncdoi.com/osfm/FireSafetyPrograms>.

13. Trademark Owner will promptly update this Application/Certification in writing if any changes or modifications occur to the information provided herein.
14. Trademark Owner assumes responsibility for all representations and all escrow deposit obligations for the Brands listed in this Application/Certification until Trademark Owner receives written notification that Trademark Owner is released by the North Carolina Office of the Attorney General from responsibility for the Brand(s) listed in the Application/Certification.
15. Trademark Owner consents to being sued in North Carolina Superior Court for the purpose of the State of North Carolina enforcing any provisions of the North Carolina General Statutes and the application of North Carolina law.

**THIS CERTIFICATION MUST BE SIGNED AND DATED BEFORE A NOTARY**

\_\_\_\_\_  
Signature of Affiant  
Authorized Representative for Trademark Owner

Dated: \_\_\_\_\_, 20\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print Name)

(SEAL)

My Commission Expires: \_\_\_\_\_