State of GEORGIA

Non-Participating Manufacturer's Request for Sales Information

Manufacturer Identification			
Company Name			
City	State	Zip Code	Country
Phone		Fax	
Name and title of person completing this form			

Mail-to Address (if different from above)			
Name			
Mailing Address			
City	State	Zip Code	Country
Phone	Fax	E-Mail	

Liability Year	Quarter			
2008 ☐ Other	☐ 1st quarter (Jan – Mar)	☐ 2nd quarter (April – June)	☐ 3rd quarter (July – Sept)	☐ 4th quarter (Oct – Dec)

Manufacturer's Records (Attach Addendum pages as necessary)

Instructions for the **Manufacturer**: List each distributor which sells your product(s) in the State of Georgia. For each distributor, provide the sales volume according to your records for each brand family for the quarter and provide copies of invoices or other documents that support the sales volume listed. In addition, provide the name, address and contact person for all distributors to whom you sold product for the liability year.

By completion of this form, the Manufacturer requests that the Attorney General:

- identify distributors, in addition to those the manufacturer has listed below, which have reported the sale of manufacturer's brands in Georgia during the liability year
- compare the brand sales volume below to that which distributors have reported to the Attorney General
- determine whether an escrow payment based on the manufacturer's reported sales volume represents adequate funding for the liability year

Distributor	**Brand Family**	**Check One**	**Sales Volume**	
			Manufacturer's Records	**Distributors Reported as of:**
				(AG Use Only)
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		Total of RYO Ounces		
		Total of Cigarette Sticks		

State of GEORGIA

Non-Participating Manufacturer's Request for Sales Information (addendum)

Distributor	**Brand** Family	**Check One**	Sales Volume	
			Manufacturer's **Records**	**Distributors Reported as of:** (AG Use Only)
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
		☐ Cigarette ☐ RYO		
Total of RYO Ounces				
Total of Cigarette Sticks				

EXECUTION BY AUTHORIZED DESIGNEE

By executing this document I confirm that I am a qualified company officer authorized to bind the applicant company. Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

Designee (Print Name): _____ Title: _____
Signature of Designee: _____ Date: _____

Subscribed and sworn to before me on this date: _____
Signature of Notary Public: _____ City or County of: _____
My Commission expires: _____

Mail the completed certificate of compliance to:

Consumer Interests Section
Office of the Attorney General
40 Capitol Square, S.W., Atlanta, Georgia 30334-1300