

**CERTIFICATE OF NON-PARTICIPATING MANUFACTURER
REGARDING QUARTERLY ESCROW PAYMENT
STATE OF GEORGIA
2009**

PART 1: TOBACCO PRODUCT MANUFACTURER'S IDENTIFICATION

Company: _____
Address: _____
Address: _____
Phone: _____ FAX: _____
Email: _____ Web Address: _____
Name/Title of Person Completing Report: _____
If located in the U.S.: Manufacturer's Federal I.D. #: _____
If located in the U.S.: TTB Tobacco Manufacturer Permit Number: _____

PART 2: SALES YEAR

The sales year for this certificate is _____. The quarter being reported is (check one):

<input type="checkbox"/> Jan.-Mar.	<input type="checkbox"/> Apr.-June
<input type="checkbox"/> July-Sept.	<input type="checkbox"/> Oct.-Dec.

PART 3: BRAND SALES

A. The number of individual cigarettes or units of Roll Your Own tobacco sold in Georgia during the period specified above is as follows (.09 oz. of Roll Your Own tobacco equals one unit):

Brand Name: _____	# of cigarettes _____	or units sold: _____
Brand Name: _____	# of cigarettes _____	or units sold: _____
Brand Name: _____	# of cigarettes _____	or units sold: _____

Total cigarettes or ounces sold: _____

B. The party listed in Part 1 (check one) ☐ is ☐ is not the fabricator of the brands listed above.

C. For each brand listed above, list the name and address of any other manufacturer who fabricated the brand in the preceding or current calendar year: _____

PART 4: CALCULATING THE DEPOSIT AMOUNT

Follow these steps to calculate the appropriate amount to be deposited for quarterly period:

(a) Enter the total number from Part 3 Section A above: _____

(b) Multiply that amount by .0266359: _____ x .0266359

This is the amount provided in O.C.G.A. § 10-13-3, with the minimum required inflation adjustment for the 2009 sales year. The actual inflation adjustment for 2009 sales will not be available until 2010 and may be higher than the amount provided above. You are responsible for accounting for any additional inflation adjustment in your yearly certification.

(c) Enter the total here: _____

The amount that must be deposited for the quarterly period will be the amount shown in Line 4(c). Attach a copy of your receipt or other proof of deposit from your financial institution.

PART 5: QUALIFIED ESCROW FUND – FINANCIAL INSTITUTION

The NPM certifies that it has established, and continues to maintain, a fully funded, qualified escrow account.

Name of Institution: _____

Address: _____

Representative's Name: _____ Phone: _____

Escrow Acct No: _____ State Account No: _____

Total amount held in this account solely for the State of Georgia: _____

PART 6: 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, Atlanta, Georgia 30334