



CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY
NONPARTICIPATING TOBACCO PRODUCT MANUFACTURER
REGARDING DEPOSIT OF RESERVE FUNDS INTO ESCROW

JUS-TOB3 (2/04)
Page 1 of 2

Year: _____ *

* If your Company is required to make deposits into escrow more frequently than annually, indicate the specified reporting period for which deposit was made:

Quarter ending: _____ Other Period: _____ to _____
Complete a separate Certification of Compliance for each reporting period

NOTE TO DISTRIBUTORS: YOU MAY STAMP AND SELL ONLY THE BRANDS OF MANUFACTURERS WHICH ARE LISTED ON THE ATTORNEY GENERAL'S DIRECTORY: http://caag.stat.ca.us/tobacco PRODUCTS NOT LISTED ON THE DIRECTORY ARE CONTRABAND AND SUBJECT TO SEIZURE AND FORFEITURE

This Certification Is Not Valid Unless a stamp from the Attorney General's Office appears in the box below.

For Official Use Only

A Copy of This Stamped Certification of Compliance Must Be Provided to California Distributors And Wholesalers Which Sell Your Product.

Part 1: Tobacco Product Manufacturer's Identification*

Company Name: _____
Street Address: _____
E-mail Address: _____
Phone Number: _____ Fax Number: _____
Board of Equalization (BOE) Manufacturer's License No.: _____

*All manufacturers (i.e., fabricators) must complete and sign this Certification. Use as many copies of this form as needed.

Part 2: Units Sold

Total number of individual Cigarettes, including "roll-your-own" tobacco, sold by the manufacturer identified above during the sales period is: _____
(Attach Brand Families Unit Sales Schedule 1 (JUS-TOB4))

Part 3: Calculation of Deposit Amount

For the sales year: (Use the rates listed below to figure the appropriate deposit amount)

Table with 2 columns: Year/Rate Description and Rate. Rows include 2000, 2001-2002, 2003-2006, and 2007 and thereafter.

The appropriate rate for the sales year is _____
Subtotal (Multiply units in Part 3 by the appropriate rate in Part 4) \$ _____
The Inflation Adjustment according to Exhibit C* of MSA is \$ _____
This is the amount that has been paid into the Qualified Escrow Fund by the manufacturer identified above:
Total: \$ _____

*See instructions and attached copy of Exhibit C to the MSA

PROOF OF DEPOSIT OF THE ABOVE AMOUNT
FROM YOUR FINANCIAL INSTITUTION MUST BE ATTACHED.

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Part 4: Financial Institution Information

Name: _____
Address: _____
Authorized Escrow Agent: _____
Telephone Number: _____ Fax Number: _____
Escrow Account Number: _____
Total Funds Held in Separate Account For California: \$ _____

Part 5: Notarized Signature

Under penalty of perjury under the laws of the state of California, I declare that I am authorized to certify, on behalf of the Tobacco Product Manufacturer named in Part 1, that all of the certifications and information contained in this Certification of Compliance is complete and accurate.

This document must also be signed and dated in front of an authorized notary public, who also signs as a witness.

Name (Type or Print): _____ Title: _____
Signature of Authorized Agent: _____ Date: _____
Subscribed and Sworn to Before Me on this Date: _____ City of: _____
Signature of Notary Public: _____
Commission Expires: _____
Name (Type or Print): _____

This form must be filed with the Attorney General's Office:

Mailing Address:
Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
P. O. Box 944255
Sacramento, CA 94244-2550

OR

Street Address:
Office of the Attorney General
for the State of California
Tobacco Litigation & Enforcement Section
1300 I Street, Suite 125
Sacramento, CA 95814