STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701-4717

EXPLANATION PAGE

FORM BOL-TOB8

COMPANY NAME: _____

CERTIFICATION TYPE/DATE: _____

Instructions: Use this form if supplemental information either is needed to complete a certification or has been requested by the Nevada Attorney General. Provide a detailed explanation of all information pertinent to each issue and attach documentation as needed to support your explanation. Please use a separate explanation page for each issue, except where the same explanation applies to more than one issue. In the spaces provided below, first restate the issue(s) that is (are) the subject of the response and then provide the required explanation. The explanation section may be expanded to additional pages as needed.

Restatement of Issue:

_____

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Explanation:

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Declaration: I, the undersigned, declare that I am authorized to speak on behalf of the company named above and that the foregoing explanation is true, correct, and complete to the best of my knowledge. I acknowledge that any knowing misrepresentations made to the Nevada Attorney General may result in civil or criminal penalties and subject the company or organization that I represent to delisting as a licensed wholesale or retail dealer of tobacco products in the State of Nevada.

Signature: _____ Date: _____