

# STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

5420 Kietzke Lane, Suite 202 Reno, Nevada 89511

## NON-PARTICIPATING MANUFACTURER (NPM) QUARTERLY CERTIFICATE OF COMPLIANCE FORM B&TD-TOB3

#### PART I: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

| A. Company Informati | on |
|----------------------|----|
|----------------------|----|

| Compa    | ny Name                  |   |
|----------|--------------------------|---|
| Addres   | S                        |   |
|          |                          |   |
| City/Sta | ate/Zip/Country          |   |
| Toloph   | one Number               | Website   |
| relepii  | one Number               | Website   |
| Name/    | Fitle of Company Contact | Company Contact E-Mail Address  |
|          |                          |   |
|          |                          |   |
| PAR      | T II: REPORTIN           | NG PERIOD DEADLINES   |
|          | First O autono la        | and the same by Marcell Od. 2004  |
|          |                          | nuary 1 through March 31, 2021  |
|          | April 30, 2021:          | Escrow deposit to Nevada sub-account.                                     |
|          | May 11, 2021:            | NPM Quarterly Certificate of Compliance received by Attorney General.     |
|          | May 11, 2021:            | Account letter submitted by bank to the Attorney General.                 |
|          | Second Quarter:          | April 1 through June 30, 2021   |
| ш        | August 1, 2021:          | Escrow deposit to Nevada sub-account.                                     |
|          | August 10, 2021:         | NPM Quarterly Certificate of Compliance received by Attorney General.     |
|          | •                        | · · · · · · · · · · · · · · · · · · ·                                     |
|          | August 10, 2021:         | Account letter submitted by bank to the Attorney General.                 |
|          | Third Quarter: Ju        | ily 1 through September 30, 2021  |
| _        |                          | : Escrow deposit to Nevada sub-account.                                   |
|          | •                        | 21: NPM Quarterly Certificate of Compliance received by Attorney General. |
|          | •                        |   |
|          | November 12, 202         | 21: Account letter submitted by bank to the Attorney General.             |
|          | Fourth Quarter: C        | October 1 through December 31, 2021                                       |
| _        |                          | Escrow deposit to Nevada sub-account.                                     |
|          |                          |   |
|          |                          | : NPM Quarterly Certificate of Compliance received by Attorney General.   |

NOTE: The failure to submit this certificate by the applicable deadlines may result in the assessment of a civil penalty up to \$1,000 per day. Further, it is the responsibility of the NPM to accurately report Units Sold in NV and deposit the appropriate escrow. Inaccuracies will result in civil penalties.

## NPM QUARTERLY CERTIFICATE OF COMPLIANCE FORM B&TD-TOB3

### PART III: QUARTERLY UNITS SOLD TOTAL

Provide the total Units Sold (cigarettes & Roll-Your-Own tobacco) by the NPM in Nevada during the quarter. This total must include Units Sold by the NPM on tribal land located in Nevada. A Unit Sold of RYO is equal to .09 oz.

| Brand Family Name | Distributor Name/City/State | Total Sticks of<br>Cigarettes Sold<br>This Quarter<br>Bearing Nevada<br>Cigarette Stamps | Total Units of<br>RYO Tobacco<br>Sold During<br>This Quarter |
|-------------------|-----------------------------|--|--|
|                   |                             |  |  |
|                   |                             |  |  |
|                   |                             |  |  |
|                   |                             |  |  |
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|                   |                             |  |  |
|                   |                             |  |  |
|                   |                             |  |  |
|                   |                             |  |  |
|                   | Total Quarter Units Sold    |  |  |
|                   | Total Combined Units Sold   |  |  |

#### PART IV: QUARTERLY ESCROW CALCULATION

#### A. Escrow Account Information

The NPM identified in Part I has established and continues to maintain the following qualified escrow fund as required by NRS Chapter 370A:

| ivan                  | Iname of Financial Institution   |                                       |  |  |
|-----------------------|--|---------------------------------------|--|--|
| Add                   | ress   |                                       | City/State/Zip/Country   |  |
| Esc                   | row Agent Contact Name/Title   |                                       |  |  |
| Tele                  | ephone Number  |                                       | Email  |  |
| Escrow Account Number |  | Nevada Sub-Acc                        | ount Number  |  |
| В.                    | Quarterly Escrow Calculati   | on for 2021                           | Sales  |  |
| 1.                    | Enter 0n line A, the total sticks quarter, including sales on triba  | •                                     | •  | A. (units)                             |
| 2.                    | Line B contains the applicable rate per Unit Sold in 2021 (\$0.0188482), plus the inflation adjustment for 2021 (\$0.0191283). |                                       | B. <u>\$ 0.0379765</u>   |  |
| 3.                    | Multiply the entries from lines A  | and B. Enter                          | the total escrow due for the quarter.  | C                                      |
|                       | account by the due date indicated in deposit to the Attorney General's O   | n Part II. You m<br>ffice no later th | t be deposited into the segregated Ne<br>nust ensure your escrow agent provid<br>an the deadline to submit this quarte<br>of escrow may result in civil penaltie | des proof of the<br>rly certificate of |

The Financial Institution/Escrow Agent noted above is required to provide <u>directly</u> to the Tobacco Enforcement Unit of the Nevada Attorney General's Office the following:

- 1. Proof of deposit, including the amount of each deposit and date made, for deposits made into Nevada's segregated sub-account; and
- 2. A current account ledger for the NPM's segregated sub-account for Nevada.

## NPM QUARTERLY CERTIFICATE OF COMPLIANCE FORM B&TD-TOB3

### PART V: ADDITIONAL INFORMATION

| A. | The Registered Agent identified in the NPM's most recent Annual Certification has changed since that certification. ☐Yes ☐No  |
|----|---|
| В. | The financial institution provided in the NPM's most recent Annual Certification has changed since that certification. $\Box$ Yes $\Box$ No   |
| C. | The Escrow Agreement provided in the NPM's most recent Annual Certification has changed since that certification. $\Box$ Yes $\Box$ No  |
| D. | The most recently executed bond remains in effect and does not need to be increased per NRS 370.682. $\Box$ Yes $\Box$ No   |
| E. | The NPM has submitted all monthly PACT Act reports, if required, to the Nevada Attorney General's Office and the Nevada Department of Taxation for this quarter. $\Box$ Yes $\Box$ No |
| F. | The NPM has submitted all signed monthly NRS 370.327 reports, if required, to the Nevada Attorney General's Office for this quarter. $\Box$ Yes $\Box$ No                             |
| G. | If the NPM responded 'Yes' to A, B, or C above under Part V, please provide this new information immediately to the Nevada Attorney General's Office. <b>EXHIBIT</b>                  |
| Н. | If the NPM responded "No" to D, E or F above under Part V, please attach an explanation. <b>EXHIBIT</b>   |

### NPM QUARTERLY CERTIFICATE OF COMPLIANCE FORM B&TD-TOB3

### PART VI: AFFIDAVIT OF TOBACCO MANUFACTURER

I certify that: The NPM named in Part I is in full compliance with all applicable sections of NRS Chapters 370 and 370A; I am an authorized officer of the NPM. Through my position with the NPM I am authorized to certify on behalf of the NPM and can legally bind the NPM; I understand that the Nevada Attorney General may require additional information and/or documentation to determine the veracity of assertions and representations made in this certification: I have examined this certification, including attachments and supporting documents, and, to the best of my knowledge and belief, this certification is true, correct, and complete; I understand that under Nevada Chapter 370.670(2), the NPM is required to maintain all invoices, documentation of sales, and any other documentation relied upon in making this certification for a period of five years from the date this certification is executed; By signing this Certificate of Compliance on behalf of the NPM I understand that the NPM is required to comply with state and federal laws concerning the sale of tobacco products. I declare under penalty of perjury under the law of Nevada that the foregoing is true and correct. Name Title Electronic/Signature Date

Email this completed Certificate of Compliance and any attached exhibits to the Nevada Attorney General's Office - Tobacco Enforcement Unit:

Email:

tobaccoenforcement@ag.nv.gov

(E-signature)