

NON-PARTICIPATING MANUFACTURER'S (NPM) APPOINTMENT OF REGISTERED AGENT FOR THE STATE OF GEORGIA AND REGISTERED AGENT'S STATEMENT

Please print or type in permanent dark ink - Sign, date, and return original to:

**Office of the Attorney General for the State of Georgia
Georgia Department of Law
Consumer Interest Section
40 Capitol Square, SW
Atlanta, GA 30334**

NON-PARTICIPATING TOBACCO MANUFACTURERS:

The undersigned Non-Participating Manufacturer ("NPM") _____ hereby appoints _____ and _____ authorizes _____ as its registered agent to receive service of process on our behalf. The undersigned NPM agrees to provide notice to the Office of the Attorney General for the State of Georgia ("Attorney General"), at least 30 calendar days prior to termination of the authority of the registered agent, and to provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of an existing agent appointment.

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including but not limited to any accompanying statements or attachments herewith, are true, accurate and complete in every particular and that I am a person authorized to bind the NPM making the Certification either under the laws of the State of Georgia or of the jurisdiction where the manufacturer resides or is organized. **Any violation of the requirements of O.C.G.A. 10-13A-6 is a basis for removal of the applicant's Brand Families from the list of compliant NPMs.**

**** This Certification must be signed and dated by an authorized notary public. **
Under penalty of perjury, I state that the information
contained in this document is true and accurate.**

Signature of Designee for Non-Participating Manufacturer: _____

Designee (Print Name): _____

Title: _____

Principal Place of Business (physical address): _____

STATE OF _____ }

COUNTRY OF _____ }

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City or County of _____

My Commission expires: _____

NAME AND ADDRESS OF GEORGIA STATE REGISTERED AGENT:

Name: _____

Street Address (*Required – Must be within Georgia*): _____

P.O. Box: _____

City & State: _____ County: _____

Zip Code: _____

Telephone: _____

Fax: _____

Email Address: _____

I consent to serve as Registered Agent in the State of Georgia for _____, the above-named NPM, pursuant to O.C.G.A. 10-13A-6. I understand it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

**** This Certification must be signed and dated by an authorized notary public. ****

Signature: _____ Date: _____

Print Name: _____

Title: _____

STATE OF _____ }

COUNTRY OF _____ }

Subscribed and sworn to before me on this date: _____

Signature: _____

My Commission expires: _____