

**CERTIFICATE OF NON-PARTICIPATING MANUFACTURER
REGARDING QUARTERLY ESCROW PAYMENT
STATE OF GEORGIA
2007**

PART 1: TOBACCO PRODUCT MANUFACTURER'S IDENTIFICATION

Company: _____
Address: _____
Address: _____
Phone: _____ FAX: _____
Email: _____ Web Address: _____
Name/Title of Person Completing Report: _____

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 ounces of Roll Your Own tobacco sold in Georgia during the period specified above is as follows:

Brand Name: _____ cigarettes or ounces sold: _____
Brand Name: _____ cigarettes or ounces sold: _____
Brand Name: _____ cigarettes or ounces sold: _____
Brand Name: _____ cigarettes or ounces 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 .0251069: _____ x .0251069
This is the amount provided in O.C.G.A. § 10-13-3, with the required inflation adjustment for the 2007 sales year.
- (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

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