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STATE OF SOUTH CAROLINA TOBACCO PRODUCT MANUFACTURER CERTIFICATE OF COMPLIANCE

[Pursuant to S.C. Code Ann. §§11-47-10 to -30, and §§11-48-10 to -110]

2012 PARTICIPATING MANUFACTURER CERTIFICATION FORM

IMPORTANT NOTICES

FILING DEADLINE is April 30, 2012. Certification Forms must be postmarked no later than April 30, 2012 to avoid removal from the South Carolina Tobacco Directory.

Please Type or Print. The Attorney General's Office will not process incomplete or illegible Certification Forms.

This Certification Form must be supplemented to reflect any change in information at any time during the year. Any change of information must be submitted 30 days prior to change.

Please refer any questions to the Office of the Attorney General Tobacco Unit at (803) 734-3704.

Mail this completed Certificate of Compliance and attachments to:

**South Carolina Office
of the Attorney
General
Tobacco Unit
P.O. Box 11549
Columbia, SC 29211**

PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. This Certification Form is (check one below):

- Initial Certification** – Applicant is not currently listed on the South Carolina Tobacco Directory
- Annual Certification** - Due April 30, 2012
- Supplemental Certification** – Change of information provided to the Attorney General or request to add additional brands to the South Carolina Tobacco Directory

B. COMPANY INFORMATION:

Company Name:	
Mailing Address:	
City/State/Zip/Country:	
Telephone Number:	Fax Number:
E-Mail Address:	Website:
Name/Title of Person Completing Form:	
Name of Contact Person (if different from above):	
Company President:	E-Mail Address:
Company Vice President:	E-Mail Address:
Company Secretary:	E-Mail Address:
Company Treasurer:	E-Mail Address:
Address of Manufacturing Plant(s):	
Name of Factory Manager(s):	
Phone Number of Factory Manager:	Fax Number of Factory Manager:
If located in U.S.: Manufacturer's Federal Taxpayer ID number:	
If located in U.S.: TTB Tobacco Manufacturer Permit Number:	Expires:
If located outside the U.S., applicable government Permit Number:	Expires:

C. ATTORNEY:

Attorney's Name:	
Firm Name:	
Firm Mailing Address:	
Telephone Number:	Fax Number:
E-Mail Address:	Website:

PART 2: BRAND AND OTHER INFORMATION

A. The Applicant became a participating manufacturer, (as that term is defined in Section II(jj) of the Master Settlement Agreement) on the following date: _____

B. BRAND FAMILY IDENTIFICATION

The Participating Manufacturer identified in Part 1 has the following brand families, each of which the manufacturer hereby affirms are to be deemed its cigarettes for the purposes of calculating its payments under the Master Settlement Agreement, in the volume and shares determined pursuant to the Master Settlement Agreement.

Indicate with an asterisk () those brands not being sold in current year.
Please attach additional sheet(s), as necessary, to provide a complete response.*

Brand Family Name	Cigarettes or RYO	Brand Family Name	Cigarettes or RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

C. REQUIRED DOCUMENTATION IN SUPPORT OF CERTIFICATION FORM

1. For the above brand families (cigarettes only) provide a copy of the current Federal Trade Commission (FTC) approval letter for health-warning rotation plan. Please provide a new approval letter within 30 days after expiration of the current FTC approval letter. Additional information may be obtained by contacting the following:

Federal Trade Commission
 600 Pennsylvania Avenue, N.W.
 Washington, D.C. 20580
 Telephone for General Information Locator: 202-326-2222
<http://www.ftc.gov>

2. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) pertaining to the above brands of cigarettes and a statement from the manufacturer as to which ingredients for a particular brand were submitted for each approval letter. Please provide a new approval letter within 30 days after expiration. Additional information may be obtained by contacting the following::

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Telephone: 1-800-311-3435
<http://www.cdc.gov/netinfo.htm>

3. For the above brand families, provide a copy of the current Fire Standards Compliant (FSC) Cigarettes compliance letter(s) for each cigarette brand. Additional information may be obtained by contacting the following:

SC FSC PROGRAM
Office of State Fire Marshal
141 Monticello Trail
Columbia, SC 29203
Telephone: 803-896-9800
<http://www.llr.state.sc.us/firemarshal.asp>

4. Provide copies of documentation showing that the applicant is in full compliance with the Prevent All Cigarette Trafficking (PACT) Act (15 U.S.C. § 375, et seq. (2010)). This documentation **MUST** include a copy of the PACT Act Registration Form (ATF 5070), and the South Carolina equivalent. Please provide proof that applicant has registered with the ATF, the South Carolina Office of the Attorney General, and the South Carolina Department of Revenue. Additional information may be obtained by contacting the following:

Bureau of Alcohol, Tobacco, Firearms and Explosives
Alcohol and Tobacco Diversion Division
99 New York Avenue, NE
Mailstop 7S-233
Washington, DC 20226 USA
Or via e-mail to:
PACTActregistrationinbox@atf.gov
See: <http://www.atf.gov/alcohol-tobacco/>

5. Please respond to the following:

U.S. Treasury, Tobacco Tax bureau (TTB) Permit Number was obtained as a manufacturer and/or as an importer.

Manufacturer Importer



Attach a copy of Applicant's current permit as a manufacturer or importer pursuant to 26 U.S.C. Chapter 52, and regulations issued thereunder.

D. AFFILIATES

Pursuant to S.C. Code Ann. § 11-47-20(b), an Affiliate “means a person who directly or indirectly owns or controls, is owned or controlled by, or is under common ownership or control with, another person. Solely for purposes of this definition, the terms ‘owns’, ‘is owned’, and ‘ownership’ mean ownership of an equity interest, or the equivalent thereof, of ten percent or more, and the term ‘person’ means an individual, partnership, committee, association, corporation, or any other organizations or group of persons.”

Please identify any Affiliate that also manufactures, imports, distributes, or sells the applicants brand of cigarettes (including roll-your-own tobacco) in South Carolina. List the type of business by writing “m” for manufacturer, “i” for importer, “d” for distributor, and “w” for wholesaler.) Attach additional documentation, as necessary, to provide a complete response.

Brand Family Name	Affiliate Name	Type of Business	Affiliate Address

E. ADDITIONAL REQUIRED INFORMATION

Please certify the following:

1. Applicant sold cigarettes (including Roll Your Own) in South Carolina in the preceding calendar year: Yes No
2. Applicant is in full compliance with all obligations under the Master Settlement Agreement: Yes No
3. Applicant is in full compliance with the Prevent All Cigarette Trafficking (PACT) Act (15 U.S.C. § 375, et seq. (2010): Yes No
4. Applicant advertises or sells cigarettes via the internet or in catalogs and uses the mail or other delivery service to deliver cigarettes to South Carolina consumers: Yes No
5. Applicant or one of its Brand Families listed in the Certification was previously denied listing on the directory or was removed from the Directory: Yes No
6. Applicant is enjoined or banned from selling any cigarettes by court order, state or federal agency ruling or determination: Yes No

- 7. A Brand Family currently or formerly sold by Applicant or Brand Family that applicant intends to sell is enjoined from sale by a state court, state agency, or a federal court: Yes No
- 8. A state or federal court has entered a judgment finding that Applicant engaged in an unfair business practice or unfair competition relating to the sale of tobacco products: Yes No
- 9. Applicant is selling only Fire Standards Compliant (FSC) cigarettes into South Carolina: Yes No
- 10. Applicant is in compliance with the Federal Family Smoking Prevention and Tobacco Control Act (Public Law 111-31), including Section 907(a)(1)(A), which bans the sale of all flavored cigarettes: Yes No

PART 3: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER

Participating Manufacturer. Under penalty of falsification, I state that the tobacco product manufacturer named herein, as of the date of this certification, is a Participating Manufacturer in full compliance with all applicable sections of Title 11, Chapter 47 of the South Carolina Code.

I understand that this certification must be signed by a qualified company officer authorized to bind the applicant company. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.

I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the South Carolina Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct, and complete.

[Signature Block on Following Page]

By signing this affidavit on behalf of the applicant company, I understand that the company is required to comply with all state and federal laws concerning the sale of tobacco products.

Name of Company Officer (print or type name)

Title

Signature of Company Officer

Date

Subscribed and Sworn this date: _____

(Seal)

Notary Public for the State of: _____

Notary Commission Expires: _____

Mail this completed Certificate of Compliance and attachments to:

**South Carolina Attorney General's Office
Tobacco Unit
P.O. Box 11549
Columbia, SC 29211**