



State of Illinois

Non-Participating Manufacturer Certification of Additional Information

NPM-3

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Part 1: Liability Year and Type of Certification

Liability Year for this Certification: Complete a separate form for each liability year for which you are certifying. (check one) **2008** Other: _____

Type of Certification: (check one) Initial Annual Supplemental

Part 2: Manufacturer Identification

Company Name _____

Mailing Address _____

City	State	Zip Code	Country
Phone	Fax	FEIN	

Part 3: NPM Status

References to cigarettes (includes roll-your-own) are to the brand families certified on the NPM-1 form submitted by the manufacturer identified in Part 2.

Yes No NPM is the fabricator of the brand families listed on the NPM-1 form and intends for the cigarettes to be sold in the U.S., including cigarettes intended to be sold in the U.S. through an importer.

Yes No NPM is the first purchaser anywhere for resale in the U.S. of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the U.S.

Yes No NPM is a successor as defined in 30 ILCS 168/10.

Part 4 A : Additional Information Requested by Attorney General's Office

Response Provided	Does Not Apply	Check One:
		<ul style="list-style-type: none"> ▶ All NPMs must provide the information requested in this section. ▶ Provide a response to each question or indicate N/A. ▶ Each attachment must indicate the question to which it corresponds.
<input type="checkbox"/>	<input type="checkbox"/>	1. A copy of your current U.S. Treasury Tobacco Tax Bureau (TTB) permit as a manufacturer and/or as an importer as required by 26 U.S.C. §5712 and §5713. Foreign NPMs should provide importer permits for each company that will import its cigarettes into the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	2. Name, address and phone number of the Trademark owner and any license agreement or other document providing permission to the NPM to use the trademark for each of the brand families certified in Part 3 of the NPM-1 certification form.
<input type="checkbox"/>	<input type="checkbox"/>	3. A copy of the current corporate documents, such as articles of incorporation, charter or certificate.
<input type="checkbox"/>	<input type="checkbox"/>	4. A listing of all company officers and owners (all persons with an equity interest of 10% or more in company).
<input type="checkbox"/>	<input type="checkbox"/>	5. A complete list of cigarettes (including roll-your-own tobacco) that NPM, its principals, subsidiaries, affiliates, successors, members, officers, owners and directors manufacture no matter where sold; time periods for manufacture of those brands; and place of manufacture for those brands.
<input type="checkbox"/>	<input type="checkbox"/>	6. A complete list of other tobacco products (e.g. cigars, pipe tobacco, smokeless tobacco, etc.) that NPM and its principals, subsidiaries, affiliates, successors, members, officers, owners and directors manufacture no matter where sold; time periods for manufacture of those brands; and the place of manufacture for those brands.



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Part 4 A (continued) : Additional Information Requested by Attorney General's Office

Check One:		
Response Provided	Does Not Apply	<ul style="list-style-type: none"> ▶ All NPMs must provide the information requested in this section. ▶ Provide a response to each question or indicate N/A. ▶ Each attachment must indicate the question to which it corresponds.
<input type="checkbox"/>	<input type="checkbox"/>	e. identification of intended distributors
<input type="checkbox"/>	<input type="checkbox"/>	f. explanation of manufacturing process and the precise activities that constitute fabrication of the cigarettes or roll-your-own tobacco
<input type="checkbox"/>	<input type="checkbox"/>	g. the name, address and contact for the fabricator, if other than the NPM, and a copy of any agreement or contract between the fabricator and NPM regarding the manufacture and/or sale of cigarettes
<input type="checkbox"/>	<input type="checkbox"/>	10. If NPM or any of its principals previously imported or distributed cigarettes or roll-your-own tobacco in the U.S., list each brand family name and the manufacturer name and address for each brand family.
<input type="checkbox"/>	<input type="checkbox"/>	11. If NPM delivers cigarettes directly to a distributor located in and licensed to stamp for Illinois, list all distributors located in and licensed to stamp for Illinois to whom cigarettes were delivered and attach copies of the RC 36 CM reports filed with the Illinois Dept. of Revenue for deliveries during the liability sales year. If NPM does not sell directly to Illinois licensed distributors, provide a list of all importers and/or distributors to which cigarettes or roll-your-own tobacco were sold during the liability sales year.
<input type="checkbox"/>	<input type="checkbox"/>	12. For each brand family of roll-your-own tobacco being certified, state whether NPM pays the Illinois OTP tax and provide a complete list of retailers to whom the roll-your-own tobacco is intended to be sold in Illinois. If NPM pays the Illinois OTP tax, attach a copy of the State of Illinois distributor license.
<input type="checkbox"/>	<input type="checkbox"/>	13. If NPM intends to sell or authorizes any other entity to sell any cigarettes or roll-your-own by mail order or through the internet, provide the internet website and/or identify publications. Attach copies of all reports, if any, filed with the Illinois Dept. of Revenue to comply with the Jenkins Act (Chapter 10A of Title 15 of the U.S. Code, Section 375 <i>et seq.</i>) for sales in the last 12 months. Attach copies of any agreements authorizing another to sell your brand families by mail order or through the internet. If NPM has a policy or protocol regarding the prevention of sales of your products via the internet, please provide a copy.
<input type="checkbox"/>	<input type="checkbox"/>	14. For each brand family (cigarettes only) certified in Part 3 of the NPM-1 certification form, provide the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a) and attach copies of all certificates of compliance.
<input type="checkbox"/>	<input type="checkbox"/>	15. For each brand family (cigarettes only) certified in Part 3 of the NPM-1 certification form, provide a copy of the current FTC rotation plan approval letter and the name and address of the entity that filed the health warning rotation plan with the FTC.
<input type="checkbox"/>	<input type="checkbox"/>	16. If the escrow agreement submitted by NPM is encumbered by granting a security interest in the escrow fund to a third party, provide UCC filings and Security Agreement pertaining to this security interest in the escrow fund.
<input type="checkbox"/>	<input type="checkbox"/>	17. Provide a list of states that have certified NPM and the brand families certified. If any state has refused to list or removed NPM from a state's directory, identify the state(s).



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Part 4 B : Additional Information Requested by Attorney General's Office

Check One:		
Response Provided	Does Not Apply	
<p>▶ NPMs located in foreign countries must provide the information requested in this section.</p> <p>▶ Provide a response to each question or indicate N/A.</p> <p>▶ Each attachment must indicate the question to which it corresponds.</p>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Copy of the license, permit or other registration documents required by the country where the brand families certified in Part 3 of NPM-1 are manufactured.
<input type="checkbox"/>	<input type="checkbox"/>	2. Copies of all Custom Form 7501 for the liability sales year for each brand family being certified. Provide copies of the invoices corresponding to the U.S. Customs form 7501 for any cigarettes being certified and invoices corresponding to excise tax returns submitted to the Alcohol and Tobacco Tax and Trade Bureau in the past calendar year.
<input type="checkbox"/>	<input type="checkbox"/>	3. A copy of the sworn statement that the NPM has timely submitted or has certified that it will timely submit ingredients to the Secretary of Health and Human Services as required by 19 U.S.C. §1681a (c)(1).
<input type="checkbox"/>	<input type="checkbox"/>	4. A copy of the importer's certificate under penalty of perjury as required by 19 U.S.C. §1681a (c)(2) regarding the precise format of warnings and that the importer has complied, and will continue to comply, with a rotation plan approved by the Federal Trade Commission.
<input type="checkbox"/>	<input type="checkbox"/>	5. A copy of the trademark holder's certificate under penalty of perjury that it consents to the importation of such cigarettes into the United States as required by 19 U.S.C. §1681a (c)(3)(A) and a copy of the importer's certificate under penalty of perjury that the trademark owner has not withdrawn the consent to import such cigarettes into the United States as required by 19 U.S.C. §1681a (c)(3)(B).
<input type="checkbox"/>	<input type="checkbox"/>	6. Name, address and contact information for all importers for the brand families certified in Part 3 of the NPM-1 certification form.

Part 5: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this certification either under the laws of the State of Illinois or of the jurisdiction where the manufacturer resides or is organized. I understand that the Attorney General may require additional information and/or documentation to determine whether the manufacturer qualifies for listing on the Illinois Directory. ***This document must be signed and dated by an authorized notary public.***

NPM Authorized Designee (Print Name)	Title
Signature of NPM Authorized Designee	Date
Subscribed and sworn to before me this date: _____	Signature of Notary Public
County	Commission Expires