



ACKNOWLEDGMENT OF RECEIPT & REVIEW OF NPM RESERVE FUND STATUTE, IMPLEMENTING REGULATIONS & FORMS

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QUARTER ENDING: _____

NOTE TO DISTRIBUTORS: YOU MAY STAMP AND SELL ONLY THE BRANDS OF MANUFACTURERS WHICH ARE LISTED ON THE ATTORNEY GENERAL'S DIRECTORY: [HTTP://CAAG.STATE.CA.US/](http://caag.state.ca.us/). PRODUCTS NOT LISTED ON THE DIRECTORY ARE CONTRABAND AND SUBJECT TO SEIZURE AND FORFEITURE

This Acknowledgment of Receipt & Review Form Is Not Valid Unless a stamp from the Attorney General's Office appears in the box below.

FOR OFFICIAL USE ONLY

A Copy of This Stamped Acknowledgment of Receipt & Review Form Must Be Provided to California Distributors And Wholesalers Which Sell Your Product.

PART 1: TOBACCO PRODUCT MANUFACTURER'S IDENTIFICATION *

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE NUMBER: _____ FAX NUMBER: _____

BOARD OF EQUALIZATION (BOE) MANUFACTURER'S LICENSE NO.: _____

***All manufacturers (i.e., fabricators) must complete and sign this form. Use as many copies of this form as needed.**

PART 2: BRANDS TO BE SOLD AND SALES YEAR

THE FIRST YEAR OF SALES OF CIGARETTES TO CALIFORNIA CONSUMERS BY THE ABOVE COMPANY IS: _____

THE BRAND NAMES TO BE SOLD IN CALIFORNIA: _____

(ATTACH A SEPARATE SHEET IF NECESSARY)

PART 3: AUTHORIZED COMPANY OFFICERS, OWNERS & AGENTS FOR SERVICE OF PROCESS

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

PLEASE ATTACH ADDITIONAL SHEET(S), AS NECESSARY, TO PROVIDE A COMPLETE RESPONSE.

PART 4: ACKNOWLEDGMENT OF RECEIPT OF COPY OF RESERVE FUND STATUTE, IMPLEMENTING REGULATIONS AND FORMS

I ACKNOWLEDGE RECEIPT AND REVIEW OF A COPY OF THE NPM RESERVE FUND STATUTE HEALTH & SAFETY CODE, SECTIONS 104555-104557, REVENUE & TAXATION CODE, SECTION 30165.1, THE IMPLEMENTING REGULATIONS (TITLE 11, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS SECTIONS 999.10-999.14) AND FORMS (ESCROW AGREEMENT ((JUS-TOB 6)), CERTIFICATE OF COMPLIANCE (JUS-TOB 3), BRAND FAMILIES UNIT SALES SCHEDULE 1 (JUS-TOB 4).

INITIALS: _____ DATE: _____

ACKNOWLEDGMENT OF RECEIPT & REVIEW OF NPM RESERVE FUND STATUTE, IMPLEMENTING REGULATIONS & FORMS

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PART 5: ACKNOWLEDGMENT OF CALCULATION METHOD

I ACKNOWLEDGE THAT THE NPM RESERVE FUND STATUTE REQUIRES OUR COMPANY TO DEPOSIT BY APRIL 15TH NEXT YEAR THE AMOUNTS DETERMINED ACCORDING TO THE FORMULA CALCULATION DESCRIBED BELOW.

TO CALCULATE THE BASE AMOUNT (THE RATE FOR THE SALES YEAR) TIMES (THE NUMBER OF CIGARETTES SOLD THAT YEAR) FOR THE APPROPRIATE SALES YEAR, THE FOLLOWING ARE THE RATES PER CIGARETTE THAT OUR COMPANY SELLS IN CALIFORNIA:

FOR THE SALES YEAR: (USE THE RATES LISTED BELOW TO CALCULATE THE APPROPRIATE DEPOSIT AMOUNT)

2000 - THE RATE PER CIGARETTE IS	0.0104712
2001 - 2002 - THE RATE PER CIGARETTE IS	0.0136125
2003 - 2006 - THE RATE PER CIGARETTE IS	0.0167539
2007 AND THEREAFTER - THE RATE PER CIGARETTE IS	0.0188482

THE APPROPRIATE RATE FOR OUR FIRST YEAR OF CIGARETTE SALES IN CALIFORNIA IS:.....

TO CALCULATE THE TOTAL AMOUNT TO BE DEPOSITED INTO ESCROW, THE INFLATION ADJUSTMENT ACCORDING TO EXHIBIT C* OF MSA IS ADDED TO THE BASE AMOUNT.

INITIALS: _____ DATE: _____

PART 6: ACKNOWLEDGMENT THAT COPIES OF INFLATION ADJUSTMENT CALCULATION AND PROOF OF DEPOSIT IS REQUIRED

I ACKNOWLEDGE ALSO THAT MY COMPANY IS REQUIRED TO ATTACH A COPY OF OUR INFLATION ADJUSTMENT CALCULATION AND OUR RECEIPT OR OTHER PROOF OF DEPOSIT FROM OUR FINANCIAL INSTITUTION.

INITIALS: _____ DATE: _____

PART 7: NOTARIZED SIGNATURE

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, I DECLARE THAT I AM AUTHORIZED TO CERTIFY, ON BEHALF OF THE TOBACCO PRODUCT MANUFACTURER NAMED IN PART 1, THAT ALL OF THE CERTIFICATIONS AND INFORMATION CONTAINED IN THIS ACKNOWLEDGMENT FORM IS COMPLETE AND ACCURATE.

THIS DOCUMENT MUST ALSO BE SIGNED AND DATED IN FRONT OF AN AUTHORIZED NOTARY PUBLIC, WHO ALSO SIGNS AS A WITNESS.

NAME (TYPE OR PRINT): _____ TITLE: _____

SIGNATURE OF AUTHORIZED AGENT: _____ DATE: _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE: _____ CITY OF: _____

SIGNATURE OF NOTARY PUBLIC: _____

COMMISSION EXPIRES: _____

THIS FORM MUST BE FILED WITH THE ATTORNEY GENERAL OFFICE:

MAILING ADDRESS:
OFFICE OF THE ATTORNEY GENERAL
FOR THE STATE OF CALIFORNIA
TOBACCO LITIGATION & ENFORCEMENT SECTION
P. O. BOX 944255
SACRAMENTO, CA 94244-2550

STREET ADDRESS:
OFFICE OF THE ATTORNEY GENERAL
FOR THE STATE OF CALIFORNIA
TOBACCO LITIGATION & ENFORCEMENT SECTION
1300 I STREET, SUITE 125
SACRAMENTO, CA 95814

OR