DEPARTMENT OF JUSTICE PAGE 1 of 4





CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER JUS-TOB3 (Rev. 09/2020)

PART 1: NON-PARTICIPATING MANUFACTURER ("NPM")
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Name:		
Telephone Number:		
Email Address:		
Address:		
PART 2: ESCROW DE	POSITED FOR THE BE	NEFIT OF CALIFORNIA
	SALES YEAR	(As defined by Section 2.U of the Approved Tobacco Escrow Agreement JUS-TOB6)
	QUARTER	
	UNITS SOLD	
and Safety Code section	104555 and includes Ro	arettes, as defined by subdivision (d) of Health oll-Your-Own tobacco, sold in California during d by subdivision (j) of Health and Safety Code
	ESCROW RATE	
		LIFIED ESCROW FUND PRINCIPAL QUALIFIED ESCROW SUBACCOUNT FOR CALIFORNIA
	DEPOSIT DATE(S)	(As defined by Section 2.E of the Approved Tobacco Escrow Agreement JUS-TOB6)
Attach documentation fro principal.	om the Escrow Agent cor	nfirming the deposit of qualified escrow
PART 3: ESCROW AGE	ENT	
NPM last executed Calif		o Escrow Agreement on or about Execution Date"). (If the first page and the
,	Approved Tobacco Escre	ow Agreement do not match, Applicant shall
	. •	pacco Escrow Agreement.) Since the Execution amended any terms or conditions in California's
Approved Tobacco Escr		Yes No

Regulations Section 999.17.

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Name of Financial Institution:	_
Escrow Agent:	_
Telephone Number:	
Email Address:	
Mailing Address:	_
Escrow Account Number:	_
California Sub-Account Number(s):	
PART 4: MINIMUM ESCROW PRINCIPAL ON DEPOSIT FOR THE BENEFIT OF CALIFORNIA	
Pursuant to the terms and conditions in the Approved Tobacco Escrow Agreement that (NPM Name) executed on or about the	
Execution Date above, after making the deposit of Qualified Escrow Principal addressed by thi certification, the Minimum Qualified Escrow Fund Principal On-Deposit for the benefit of California, as defined by at least Sections 2.H, 2.K, 2.R, 2.U of the Approved Tobacco Escrow Agreement, is now	
PART 5: STATUS OF NPM'S MOST RECENT NON-PARTICIPATING MANUFACTURER CERTIFICATION SEEKING LISTING ON THE CALIFORNIA TOBACCO DIRECTORY (JUS-TOB5)	
After carefully reviewing the most recent NON-PARTICIPATING MANUFACTURER CERTIFICATION SEEKING LISTING ON THE CALIFORNIA TOBACCO DIRECTORY (JUSTOB5) submitted by NPM, I have determined that all the information therein is still current, complete, and accurate, and NPM is not otherwise required to file a supplemental JUS-TOB5 under Title 11, California Code of Regulations Section 999.17.	
Yes □ No □	
If you answered "No," file a supplemental JUS-TOB5 pursuant to Title 11, California Code of	



CERTIFICATION OF COMPLIANCE AND AFFIDAVIT BY NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER

JUS-TOB3 (Rev. 09/2020)

Submit this form to Office of the Attorney General, Tobacco Unit, 1300 I Street, Suite 125, Sacramento, CA 95814.

Deposit Type	Escrow Deposit Deadline	This Form and CIG-
		Sales JUS-TOB4
		Submitted by
First Quarter (Jan-Mar)	April 21	April 30
Second Quarter (Apr-Jun)	July 21	July 30
Third Quarter (July-Sept)	October 21	October 30
Fourth Quarter (Oct-Dec)	January 21	January 30
Supplemental(s)	Within fifteen (15) days after	Nine (9) days after the
	NPM determines that additional	supplemental deposit
	escrow must be deposited under	
	Health and Safety Code sections	
	104555-104557 or by the date	
	required by California, whichever	
	occurs first.	

PART SIX: SIGNATURES

instrument.

	<u>NPM</u>		
SIGNATURE OF AUTHORIZED AGENT FOR			
NAME OF AUTHORIZED AGENT FOR NPM	:		
TITLE:	<u> </u>		
DATE:			
To be complete	ed by a notary public		
A notary public verifies only the identity of the this certificate is attached, not the truthfulness	e individual who signed the document to which ss, accuracy, or validity of that document.		
On, before	e me,		
personally appeared	,		
•	evidence to be the person(s) whose name(s)		
is/are subscribed to the within instrument and	acknowledged to me that he/she/they executed		
• • • • • • • • • • • • • • • • • • • •	ies), and that by his/her/their signature(s) on the		
instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the			

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand	l and official seal.	
Signature:		(Seal)