OFFICE OF THE INDIANA ATTORNEY GENERAL
UNITED STATES IMPORTER DECLARATION FORM

STATUTORY REQUIREMENTS

Pursuant to IC 24-3-5.4-13.5, a Non-Participating Manufacturer (‘‘NPM’’) whose principal place of business is located outside the United States must annually provide to the attorney general a declaration from each of its importers that such importer assumes joint and several liability with the NPM for:

1. Any escrow payments required under IC 24-3-3-12(2) for deposit in a qualified escrow fund;
2. Any penalties assessed against the NPM under 24-3-3 or 24-3-5.4; or
3. Payment of all costs and fees recovered by the state against the NPM under 24-3-5.4-28.

Further, the importer must appoint a registered agent for service of process in Indiana and provide notice in accordance with 24-3-5.4-16.

IMPORTER INFORMATION

<table>
<thead>
<tr>
<th>Importer Name:</th>
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<tbody>
<tr>
<td>Contact Name/Title:</td>
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<tr>
<td>Physical Address:</td>
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<tr>
<td>Mailing Address:</td>
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<td>Phone Number:</td>
<td>Fax Number:</td>
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<td>Email Address:</td>
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<tr>
<td>Federal Employers ID Number:</td>
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NPM INFORMATION

Importer declares that it is a United States importer for the following NPM. Please identify the foreign NPM whose products you import into the United States. Importer must complete this form for each manufacturer it represents; multiple NPMs cannot be included on the same form.

Manufacturer Name: ____________________________________________________________

Mailing Address: ______________________________________________________________

Phone Number: ________________________ Fax Number: __________________

IMPORTER’S RESIDENT AGENT FOR SERVICE OF PROCESS

Resident Agent: ________________________________________________________________

Mailing Address: ______________________________________________________________

Phone Number: ________________________ Fax Number: __________________

Proof of Appointment: Please attach a current statement from the registered agent certifying service in this capacity in Indiana for the current sales year.

DECLARATION

I certify that all of the information contained in this declaration and any attachments are true and accurate, and that I am authorized to bind the importer making this certification.

Pursuant to IC 24-3-5.4-13.5, I declare that the importer accepts joint and several liability with the identified foreign NPM for all escrow payments required under IC 24-3-3-12(2); all penalties assessed against the NPM under IC 24-3-3 or IC 24-3-5.4-13.5; and payment of all costs and fees recovered by the state against the foreign NPM under IC 24-3-5.4-28.

I declare that the importer has appointed a registered agent for service of process for the importer in Indiana and has provided notice in accordance with IC 24-3-5.4-16.

Executed this _________ day of __________, 20______.
IMPORTER

___________________________________
Signature of Authorized Officer or Agent for Importer

____________________________________
Name (Print)

____________________________________
Title (Print)

Mail this original completed form and all attachments to:

Indiana Attorney General
Tobacco Enforcement Section
Indiana Government Center South
302 W. Washington St., 5th Floor
Indianapolis, IN 46204