

SOUTH DAKOTA Certificate of Compliance

2019 Sales Reporting Period

Non-Participating Manufacturer Escrow Payment

Quarter 2

South Dakota Codified Law Ch. 10-50B

Deposit Due: **August 31, 2019,**

Part 1: Manufacturer's Identification

Name: _____

Address: _____

Phone: _____ Fax: _____

List of Brand families: _____

"Brand families" is defined as: all styles of cigarettes and roll your own tobacco sold under the same trade mark and differentiated from one another by means of additional modifiers or descriptors, and any brand name (alone or in conjunction with any other word), trademark, logo, symbol, motto, selling message, recognizable pattern of colors, or any other indicia of product identification identical, similar to, or identifiable with a previously known brand of cigarettes or roll your own tobacco.

Part 2: Units Sold

Number of individual cigarettes and "roll-your-own" tobacco units (0.09 oz = 1 unit) sold by the Manufacturer identified above during Quarter 2 of 2019: _____

The calendar year is divided into the following quarters: January 1st to March 31st (Quarter 1); April 1st to June 30th (Quarter 2); July 1st to September 30th (Quarter 3); and October 1st to December 31st (Quarter 4).

Part 3: Escrow Rates and Payments

For sales year 2019, the rate per cigarette is \$0.0188482

Part 4: Escrow Deposit Due Without Inflation Adjustment

The appropriate deposit subtotal is \$ _____ *(Part 2 x Part 3)* **Part 5:**

Estimated Inflation Adjustment

The estimated inflation adjustment for Quarter 2 of sales year 2019 is 89.91984%

\$ _____ *(Part 4 x 89.91984)*

Part 6: Escrow Deposit Paid

The total amount that has been paid into the qualified escrow fund by the Manufacturer identified above for sales in Quarter 2 of year 2019 is \$_____ (Part 4 + Part 5)

Part 7: Financial Institution

Name of Institution: _____

Address: _____

Escrow Acct No: _____ Sub-account No. for South Dakota: _____

Total Amt Held for South Dakota: _____ Total Balance in Escrow Account: _____

Copies of your receipt or other proof of deposit from your financial institution, must be attached and filed with this Certificate of Compliance.

Part 8: Signature

I hereby certify that the above-named manufacturer has deposited \$.0188482 for each unit sold (cigarette and "roll-your-own" tobacco as defined by SDCL 10-50B-4) in South Dakota in Quarter 2 of year 2019, plus the estimated inflation adjustment due, into the above-described escrow account. Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Certificate of Compliance is true and accurate.

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Subscribed to and sworn to before me, a Notary Public, on this ____ day of _____, _____.

Notary Public

(SEAL)

My commission expires: _____

Mail this certificate of compliance to: **Office of the Attorney General**
Attn: Tom Deadrick
Assistant Attorney General
1302 E. Highway 14, Suite 1
Pierre, SD 57501-8501