

**SOUTH DAKOTA Certificate of Compliance**

2019 Sales Reporting Period

**Non-Participating Manufacturer Escrow Payment**

Quarter 1

**South Dakota Codified Law Ch. 10-50B**

Deposit Due: **May 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 1 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 ..... \$.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 1 of sales year 2019 is 89.91984%

\$ \_\_\_\_\_ *(Part 4 x 0.89.91984)*

**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 1 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 1 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**