Form TPM-1

(Rev. 03/03)

Certificate of Compliance by Nonparticipating Manufacturer Sales to Consumers Within Connecticut During Calendar Year 2002

Important: An authorized agent of the nonparticipating manufacturer must complete and sign Part I before a notary public. The nonparticipating manufacturer is also responsible for having an authorized agent of the financial institution complete and sign Part II before a notary public, and for filing Form TPM-1 with the Office of the Attorney General on or before April 30, 2003. Read the additional instructions on the back of this form.

Part I - To be completed by a nonparticipating manufactu	rer an	d signed befo	ore a notary p	
Name of Nonparticipating Manufacturer Address (number and street) or PO Box				2. Telephone
				()
				4. FAX
5a. City, Town, or Post Office	5b. State or Province 5c.		5c. Country	6. E-mail Address
oa. Ony, form, of foot office	00.0	nate of Free mos	oo. Country	o. E man Address
. Name of financial institution holding the qualified escrow fund		8. Account number of the qualifi		ed escrow fund
9. Has money been placed into the qualified escrow fund for other settling states? Q Yes Q No		10. Account balance (including amount reported in Box 13)		\$.
11. Number of nonparticipating manufacturer's cigarettes sold to consumers wi through a distributor, dealer, or similar intermediary or intermediaries, between			•	
12. Amount required to be placed into the qualified escrow fund for Connecticut sales (Multiply Box 11 by \$.0153785)				\$.
13. Amount placed into the qualified escrow fund and attributable to Connecticut sales reported in Box 11				\$.
complete, and correct. (The penalty for false statement is impleted authorize the financial institution named above to verify the base withdrawals therefrom, for the State of Connecticut, Office of the	alance ne Atto	in the bank a rney General,	ccount identific upon request	ed above, and any deposits thereto an by that office.
Signature of authorized agent of nonparticipating manufacturer Printed o	Printed or typed name of authorized agent			Title of authorized agent
Subscribed and sworn to before me this day of			, 20	_*
Signature (Notary Public) My Com	My Commission expires:			
Part II - To be completed by financial institution holding of	qualifie	ed escrow fun	d and signed	before a notary public
14. Name of financial institution holding the qualified escrow fund				15. Telephone
16. Address (number and street) or PO Box				17. FAX
18a. City, Town, or Post Office		18b. State	18c. ZIP Code	19. E-mail Address
I declare under penalty of false statement that the nonparticipate identified above and that I have examined Part II of this form and, penalty for false statement is imprisonment not to exceed one year given by the nonparticipating manufacturer mentioned above, I agree thereto and withdrawals therefrom, for the State of Connecticut, Of	to the I r or a fi gree to	best of my kno ne not to exce verify the bal	wledge and be ed \$2,000, or b ance in the ac	elief, it is true, complete, and correct. (The both.) In accordance with the authorization count identified above, and any deposite
Signature of authorized agent of financial institution Printed o	Printed or typed name of authorized agent		d agent	Title of authorized agent
Subscribed and sworn to before me thisday of			, 20	-·
Signature (Notary Public) My Com	My Commission expires:			

Form TPM-1 Instructions

Who Must File

Each nonparticipating manufacturer selling cigarettes to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, must establish a qualified escrow fund for the benefit of the State of Connecticut and other settling states, place the required amount of money into a qualified escrow fund, and file **Form TPM-1**.

Definitions

The following terms are defined in **Special Notice 2001(1)**, *Escrow Accounts Required to Be Established by Nonparticipating Manufacturers*, and have the same meaning when used on this form:

- Cigarette
- Nonparticipating manufacturer
- Settling states
- Qualified escrow fund

When and Where to File

On or before **April 15, 2003**, the nonparticipating manufacturer must place the required amount of money into a qualified escrow fund.

On or before **April 30, 2003**, the nonparticipating manufacturer must send **Form TPM-1**, and a copy of the escrow agreement signed by the nonparticipating manufacturer and the financial institution, to the following address:

State of Connecticut
Office of the Attorney General
PO Box 120
55 Elm Street
Hartford CT 06141-0120

For Further Information

See **Special Notice 2001(1)**, which you may download from the DRS web site: www.drs.state.ct.us, or contact:

Jonathon Ensign Assistant Attorney General 860-808-5245

 $e\text{-mail:}\ \underline{jonathon.ensign@po.state.ct.us}$