

**2009 Delaware Quarterly Certificate of Nonparticipating
Tobacco Product Manufacturer Compliance**

Part 1: Manufacturer's Identification

1. Name: _____
2. Street address: _____
3. City, state, country, ZIP: _____
4. Telephone number: _____
5. Electronic mail address: _____

Part 2: Liability Year/Quarter

6. The liability year for this certificate is: **2009, Q**_____

Part 3: Units Sold

7. Number of individual cigarettes sold by the manufacturer identified above during the liability quarter bearing Delaware cigarette tax stamps is as follows(list amounts by brand):

- | | | |
|----------|----------|---------------------|
| 1) _____ | 2) _____ | 3) _____ |
| 4) _____ | 5) _____ | Total sticks: _____ |

Part 4: Deposit Amount

For the liability year 2009, the base rate per cigarette is 0.0188482

- | | |
|--|---------------------|
| 8. The appropriate rate for the liability year as adjusted for inflation* is: | 8. <u>0.0258601</u> |
| 9. Multiply Line 8 by total of Line 7, and write the amount (Total Escrow Payment due for the quarter): | 9. _____ |

This is your total amount due to be paid into the qualified escrow account.

Note: Attach a copy of your receipt or other proof of deposit from your financial institution as well as a copy of the escrow agreement between you and the institution if you have not previously provided one or if it has been amended.

Part 5: Financial institution

10. Name: _____
11. Street address: _____
12. City, state, country, ZIP: _____
13. Escrow account number _____
14. Total amount held in this account after current deposit: \$ _____
15. Escrow agent: _____
16. Phone Number: _____

Part 6: Authorized Signature

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this certificate is true and accurate. This document must be signed and dated by an authorized notary public.

Sworn to and subscribed before me this ____ day of _____, 20__	_____ Print the name of authorized agent Title
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_____ Signature of Notary Public	_____ Signature of authorized agent Date
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City / State: _____
My commission expires ____/____/____

* The cumulative inflation adjustment is calculated pursuant to Exhibit C of the MSA.

Quarterly deposits are due 30 days after the end of the calendar quarter. This form is due 10 days after the deposit due date and may be sent to: State of Delaware, Office of Attorney General, Department of Justice, Carvel Office Building, 820 N. French Street, 6th FL, Wilmington, DE 19801, (Attention: Thomas E. Brown, Deputy Attorney General).