

## Missouri Tobacco Directory - Non-Participating Manufacturer Brands Certification

lacturer	Company Name									Current Calendar Year (From Form 5304)			
Mali											Year	Type	
	The undersigned manufacturer certifies, under penalties of perjury, as of the date of this certification, it is a Non-Participating Manufacturer (NPM) and is in full compliance with Sections 196.1003 and 196.1020 to 196.1035, RSMo, as well as any regulations. The undersigned NPM certifies that the following list is a complete list of all its brand families which are to be deemed its cigarettes (including RYO product) for purposes of escrow requirements under Section 196.1003, RSMo. Nothing in this certification shall limit or otherwise affect the State's right to maintain that a brand family constitutes cigarettes or RYO of a different tobacco product manufacturer for purposes of Section 196.1003, RSMo. Provide the following for all brand families: Brand Family, Brand Style, Size, Flavor, and Package, as it should be listed on the Missouri Directory. Include sample packaging for each brand family named with your certification. Submit new packaging each time you change your packaging or add new brand families. Asterisk (*) denotes those brands that will not be sold in Missouri during the current year. "Units Sold" is equal to the number of individual cigarettes sold in the state. 0.09 ounces of "roll-your-own" tobacco shall constitute one individual cigarette.												
	Brand Family	Brand Style	Size	Flavor	Container	Select One	Packaging Submitted	& RYO (Convert Units Sold	Sticks for Cigarettes Ounces to Sticks)  Units Sold Current	Name & Address of Manufacturer of Brand Family in preceding years if different from NPM identified on Part		Trade Mark Holder (Current & Prior)	Fire Safe
						Cigarette RYO	☐ No	Prior Year	Year to Date				Yes No
Ę						Cigarette RYO	☐ No						Yes No
Hearie						Cigarette RYO	Yes No						Yes No
y						Cigarette RYO	Yes No						Yes No
ramily						Cigarette RYO	Yes No						Yes No
Dialid						Cigarette RYO	Yes No						Yes No
						Cigarette RYO	Yes No						Yes No
						Cigarette RYO	Yes No						Yes No
						Cigarette RYO	Yes No						Yes No
						Cigarette	Yes No						Yes No
						Cigarette	_						Yes No
						Cigarette							Yes No
						Cigarette RYO							Yes No
		1			1			1				Form 5303 (Revi	

Attach to Missouri Tobacco Directory - Non-Participating Manufacturer Certification (Form 5304)

Mail to: Taxation Division and P.O. Box 811 Jefferson City, MO 65105-0811

Missouri Attorney General P.O. Box 899 Jefferson City, MO 65102-0899 tobacco.certification@ago.mo.gov Phone: (573) 751-7163 Fax: (573) 522-1720 TTY: (800) 735-2966

E-mail: DOR.tobacco@dor.mo.gov

Visit dor.mo.gov/business/tobacco/motobacco.php

for additional information.



Drand Family	Brand Style	Size		Container	Select One	Packaging Submitted	Report Units Sold in Sticks for Cigarettes & RYO (Convert Ounces to Sticks)		Name & Address of Manufacturer of	Trade Mark Holder	Fire		
Brand Family			Flavor				Units Sold Prior Year	Units Sold Current Year to Date	Brand Family in preceding years if different from NPM identified on Part 1	(Current & Prior)	Safe		
					Cigarette RYO	☐ No					Yes No		
					Cigarette RYO	☐ No					Yes No		
					Cigarette RYO	☐ No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette RYO	Yes No					Yes No		
					Cigarette						Yes No		
					Cigarette						Yes No		
					Cigarette						Yes No		
					Cigarette						Yes No		
					Cigarette						Yes No		
Under penalties of period	ury, I declare tha	t the abo	ove informa	ition and any			s true, complete, a	nd correct.		1			
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and consider a Signature of Authorized Person for Non-Participating Manufacturer  Authorized Person - Printed Name								Title					
								Date (MM	Date (MM/DD/YYYY)				
								Date (Will					