MONTANA DEPARTMENT OF JUSTICE  
2022 Quarterly Certificate of Escrow Deposit

Part 1: Non-Participating Manufacturer (NPM) Identification  
Company Name:  
Physical Address:  
Mailing Address (if different):  
Contact Person Name and Title:  
Telephone Number: FAX:  
E-mail Address:  
Name of retailer(s)/wholesaler(s) that sells your cigarettes or RYO in Montana and brand(s) sold:  

Part 2: Quarter Being Reported  
The sales year for this certificate is the calendar year **2022**. The quarter being reported is (check one):  

- [ ] January 1, 2022 - March 31, 2022  
- [x] April 1, 2022 - June 30, 2022  
- [ ] July 1, 2022 - September 30, 2022  
- [ ] October 1, 2022 - December 31, 2022

Part 3: Units Sold for the Quarter Indicated  
Indicate the number of individual cigarettes and units of "roll-your-own" tobacco sold by the manufacturer (whether directly or through a wholesaler, retailer, or similar intermediary or intermediaries) for the 2022 quarter indicated above and produce any and all documentation of the sale or transfer of cigarettes or RYO into Montana:

<table>
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<tr>
<th>BRAND</th>
<th>Wholesaler/Retailer/Other</th>
<th>Units Sold</th>
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Total Units Sold A. __________________________

Part 4: Deposit Amount  
The deposit amount for 2022 is $.0406487 per unit sold.* B. __________________________ $0.0406487

Multiply line A by line B to calculate the **total deposit due**.

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* Mont. Code Ann. § 16-11-403(2)(a) requires payments to be "adjusted for inflation." Mont. Code Ann. § 16-11-402(1) defines "adjusted for inflation" as increased in accordance with the formula for inflation adjustment set forth in Exhibit C to the Master Settlement Agreement. Each year, this formula increases 3% or the actual inflation rate, whichever is greater. Because the actual inflation rate cannot be determined until the end of 2022, tobacco product manufacturers required to make quarterly escrow payments will be required, in their quarterly escrow payments, to deposit an amount that has been cumulatively adjusted for inflation by 3%. When the inflation rate for 2022 has been determined, manufacturers will be advised and then have until April 15, 2023, to deposit any additional money, if necessary, to satisfy the actual inflation amount under the Act.

Montana Department of Justice  
Revised January 2022

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This amount must be deposited in the Montana subaccount of the manufacturer's qualified escrow account within 30 days after the end of the quarter indicated above.

Part 5: Financial Institution

Name of Financial Institution: ________________________________
Escrow Agent Contact Name and Title: ________________________________
Mailing Address: ________________________________
Telephone Number: ________________ FAX: ________________________________
Escrow Account Number: ________________ Montana Subaccount Number: ________________

Attach a copy of the financial institution's receipt or other proof of deposit of the proper escrow payment.

Part 6: Certification

The above-named NPM certifies that (initial all four):

______ It has previously submitted a Montana Certificate of Escrow Deposit to Attorney General's Office. Date submitted: ________________
______ Its qualified escrow fund complies with Mont. Code Ann. § 16-11-403;
______ Any escrow funds held or to be held in its qualified escrow fund on behalf of the State of Montana are or will be held in a separate segregated account, separate and apart from escrow funds held on behalf of any other beneficiary; and
______ There is no security interest that has been granted in or has attached or is otherwise applicable to any escrow funds held or to be held in the above-named Non-Participating Manufacturer's qualified escrow fund on behalf of the State of Montana.

Part 7: Authorized Designee and Representation

This document must be signed and dated by an authorized notary public as follows:

Under penalty of perjury, I certify and declare that all of the statements and information contained in this 2022 Quarterly Certificate of Escrow Deposit, including attachments are true, correct, accurate and complete in every particular and that I am a person authorized to bind the above-named NPM making this Certification either under the laws of the State of Montana or of the jurisdiction where the manufacturer resides or is organized. Any violation of these requirements is a basis for removal of the above-named NPM and its brand families from the Tobacco Product Directory.

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct. MCA §1-6-105

Authorized Designee: __________________________________________ Title: ________________________________
Signature of Designee: __________________________________________ Date: ________________________________
SUBSCRIBED AND SWORN TO before me on this date: ________________________________
Signature of Notary Public: __________________________________________
City or County of: ________________________________
State of: ________________________________
Printed Name of Notary Public: __________________________________________
My Commission expires: __________________________________________
Seal:
Mail the completed Certificate to:

Montana Attorney General's Office of Consumer Protection
Attn: Tobacco Enforcement Program
555 Fuller Avenue
P.O. Box 200151
Helena, MT 59620-0151

AND

Montana Department of Revenue
125 N Roberts
P.O. Box 5805
Helena, MT 59604-5805

Jason Lay
Miscellaneous Tax Program Manager