

MONTANA DEPARTMENT OF JUSTICE

APPOINTMENT OF REGISTERED AGENT FOR STATE OF MONTANA AND REGISTERED AGENT'S STATEMENT

*Please type or print in permanent dark or blue ink
Sign, date, and return original to:*

**Montana Attorney General's Office of Consumer Protection
Attn: Tobacco Enforcement Program
PO Box 200151
Helena, MT 59620-0151**

The undersigned NPM _____ hereby appoints _____ as its registered agent to receive service of process on its behalf; the registered agent is authorized to receive service of process on behalf of the NPM. The undersigned NPM agrees to do the following: (1) provide notice to the Montana Attorney General's Office ("Attorney General"), at least 30 calendar days prior to termination of the authority of the registered agent; (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of an existing agent appointment. The undersigned NPM further agrees that, if the agent terminates its agency appointment, the undersigned shall provide notice to the Attorney General of the termination within five calendar days and shall include proof to the Attorney General of the appointment of a new agent.

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular, and that I am a person authorized to bind the NPM making this Certification either under the laws of the State of Montana or of the jurisdiction where the manufacturer resides or is organized, and I have attached an authentic, certified copy of document(s) as proof of my authority to bind the NPM. **Any violation of the requirements of Mont. Code Ann. §§ 16-11-401 through 16-11-404 or §§ 16-11-501 through 16-11-512 is a basis for removal of the applicant's Brand Families from the list of compliant NPMs.**

~~ This Certification must be signed and dated by an authorized notary public. ~~

Signature of Designee for Non-Participating Manufacturer: _____
Designee (Print Name): _____
Title: _____
Principle Place of Business (physical address): _____

STATE OF _____)

COUNTY OF _____)

COUNTRY OF _____)

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SEAL)

Signature _____
Printed Name _____
Residing at: _____
My Commission Expires: _____

NAME AND ADDRESS OF MONTANA STATE REGISTERED AGENT:

Name:

Street Address (Required – Must be within Montana) _____

PO Box (Optional – Must be in same city as street address) _____

City & State: _____ Zip Code: _____

Telephone: _____

FAX Number: _____

E-mail Address: _____

I consent to serve as Registered Agent in the State of Montana for the above-named NPM, pursuant to Mont. Code Ann. § 16-11-506. I understand it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

~~ This Certification must be signed and dated by an authorized notary public. ~~

Signature: _____ Date: _____

Print Name: _____

Title: _____

STATE OF _____)

COUNTY OF _____)

COUNTRY OF _____)

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SEAL)

Signature _____

Printed Name _____

Residing at: _____

My Commission Expires: _____

Montana Code Annotated Title 16, Chapter 11, Part 5