



QUARTERLY ESCROW COMPLIANCE CERTIFICATE AND AFFIDAVIT (Non-Participating Manufacturer)

Part 1: Sales Year

SALES YEAR: _____	SALES QUARTER: _____
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NOTE: YOU MUST ALSO FILE AN ANNUAL ESCROW COMPLIANCE CERTIFICATE ON OR BEFORE APRIL 25 EACH YEAR. THE ANNUAL FORM IS IN ADDITION TO THIS QUARTERLY FORM. You can obtain the annual form at doj.state.or.us

Part 2: Manufacturer Identification

Name:			
Mailing Address:			
City:	State:	Zip:	Country:
Physical Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	

Part 3: Units Sold

Number of units of individual cigarettes and roll-your-own (RYO) tobacco sold in Oregon by the Manufacturer identified above during the sales reporting period is as follows:

- _____ Total Number Units of Cigarettes
- _____ Total Ounces of Roll-Your-Own (RYO)
- _____ Total Number of Units of RYO (**One unit = .09 ounces of RYO**)
- _____ **TOTAL NUMBER OF ALL UNITS**

Non-Participating Manufacturer Brand Information: (Please add additional sheets if necessary.)

Brand Name (Omit styles such as Regular, Menthol, Light, etc.)	Cigarettes (C) or RYO (RYO)	Number of Units Sold During the Reporting Period

Part 4: Calculation of Deposit Amount

For the sales reporting period:	
2003 – 2006 – The rate per cigarette is	0.0167539
2007 and thereafter – The rate per cigarette is	0.0188482
<p>A. The appropriate rate for the reporting period is: _____</p> <p>B. Deposit Subtotal (<i>Multiply total number of all units in Part 3 by the appropriate cigarette rate in Part 4 above</i>) _____</p> <p>C. The Inflation Adjustment (<i>Refer to www.doj.state.or.us Multiply Line B – Deposit Subtotal by the applicable inflation adjustment percentage</i>) _____</p> <p>D. Total Escrow Deposit (<i>Add Line B – Deposit Subtotal and Line C – Inflation Adjustment</i>) _____</p>	

Part 5: Financial Institution

Name of Institution:		
Authorized Contact Name and Title:		
Phone:	Fax:	Email:
Address:		
Escrow Account No:	Sub-Account No:	(if applicable)
Total Funds Held in a Separate Account for Oregon: \$		
Date of Escrow Agreement:		
Date of Last Amendment to Escrow Agreement:		
<input type="checkbox"/> Attached is a copy of the financial institution’s receipt or other proof of deposit of the proper escrow payment.		

Part 6: Signature

Under penalty of perjury, I declare that I am authorized to certify on behalf of the Tobacco Product Manufacturer in Part 1 that all of the information contained in this Escrow Compliance Certificate, including but not limited to the attachments herewith, are true, complete and accurate. **This Escrow Compliance Certificate must also be signed and dated by an authorized notary public.**

Name of Authorized Agent:	Title:
Signature of Authorized Agent:	Date:
Subscribed and sworn to before me on this date:	
Signature of Notary Public:	County of:
My Commission Expires:	
Mail the completed <i>original</i> Escrow Compliance Certificate Affidavit with attachments to: Office of the Attorney General for the State of Oregon Oregon Department of Justice Civil Enforcement Division; Attn: Tobacco Enforcement 1162 Court Street, NE Salem, OR 97301-4096 Phone: (503) 934-4400 Fax: (503) 373-7067	SEAL: