

Part 4: Explanatory Statement

Please explain why the initial certificate of compliance and escrow deposit were in error. Use additional sheets if necessary.

Part 5: Refund Agreement

In requesting this refund, the Tobacco Product Manufacturer identified in Part 1 agrees that if the State of Oregon discovers additional units sold, the manufacturer will deposit funds into its Qualified Escrow Fund within ten days of a notice of deficiency.

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 Refund Request, including but not limited to the attachments herewith, are true, complete and accurate. **This Escrow Refund Request 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 original Escrow Refund Request 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: