



## REPORT OF LITTLE CIGARS SOLD IN OREGON (Manufacturer)

Part 1: Sales Year			
<b>SALES YEAR:</b> _____			
<input type="checkbox"/> <b>ANNUAL REPORT</b>			
<input type="checkbox"/> <b>AMENDED REPORT</b>			
Part 2: Manufacturer Identification			
Name: _____			
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Country: _____
Physical Address: _____			
City: _____	State: _____	Zip: _____	Country: _____
Phone: _____	Fax: _____	Email: _____	
Part 3: Brand Families			
Brand Families of Little Cigars	Sold during previous calendar year	Sold during current calendar year	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Part 4: Oregon Licensed-Distributors			
Distributor Name	Address, City, State		
Part 5: Signature			
Under penalty of perjury, I declare that I am authorized to certify on behalf of the Tobacco Product Manufacturer in Part 2 that all of the information contained in this report are true, complete and accurate.			
Signature of Authorized Agent:		Title:	
Print Name:		Date:	
Email the completed report with attachments to: <b>TobaccoEnforcementBSR@doj.oregon.gov</b>			