NON-PARTICIPATING TOBACCO MANUFACTURER'S CERTIFICATE OF COMPLIANCE WITH QUARTERLY ESCROW PAYMENT REQUIREMENT ON SALES IN 2026

Line 1: Tobacco Manufacturer's Identification

Name:

Address:

Phone: Facsimile:

Email:

Brand Name(s) Manufactured:

Location of Manufacturing Facility(s):

Line 2: Quarter in 2026

Quarter No.:

Line 3: Units Sold in Oklahoma in this Quarter of 2026

Number of individual cigarettes and "roll-your-own" tobacco sold in Oklahoma by the Manufacturer whether sold directly or through a distributor, retailer or similar intermediary or intermediaries:

Cigarettes Sold in Oklahoma in 2026:

RYO (0.09 ounces of RYO tobacco is counted as 1 unit):

Line 4: Base Escrow Amount

The Base Escrow Amount is determined by multiplying the number of units sold, from Line 3, by $**0.0188482**.

Base Escrow Amount:

Line 5: Inflation Adjustment (Estimated)

The Inflation Adjustment is determined by multiplying the Base Escrow Amount, from Line 4, by **151.7290776**% (or, $**0.0285982** per unit).

Inflation Adjustment: _____

Line 6: Total Escrow Payment Due

The Total Escrow Payment Due is determined by adding the Base Escrow Amount, from Line 4, to the Inflation Adjustment, from Line 5 (or, $**0.0474464** per unit sold).

Total Escrow Payment Due: _____

Line 7: Amount Deposited in Escrow Account

Total Amount Deposited in the Escrow Account for the State of Oklahoma based on sales in Oklahoma in 2026, Quarter No. _____ (should be an amount not less than the amount of the Total Escrow Payment Due, from Line 6).

Amount Deposited in Escrow Account: _____

Line 8: Financial Institution

Name of Financial Institution: _____

Address: _____

Escrow Account No.: _____

Phone No.: _____ Email: _____

Please mail escrow deposit confirmation documents to:

Office of the Oklahoma Attorney General
Attention: Tobacco Enforcement
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105

Line 9: Signature

This Certificate of Compliance must also be signed and dated by an authorized Notary Public.

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Quarterly Certificate of Compliance is true and correct, and that I am an officer authorized to legally bind the above-named company either under the laws of the State of Oklahoma or of the jurisdiction where the manufacturer resides or is organized.

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

STATE OF_____)
COUNTY OF_____)
COUNTRYOF_____)

Subscribed and sworn to before me this ___ day of _____, 20____, personally appeared _____, personally known to me (or proved to be on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the instrument and acknowledge 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.

_____
Notary Public

_____
My Commission Expires

This notarized Certificate of Compliance, together with Proof of Deposit, must be received at the address below by April 30, 2026 for Quarter No. 1; July 31, 2026 for Quarter No. 2; October 31, 2026 for Quarter No. 3; and January 31, 2027 for Quarter No. 4. OTC Rule 710:70-9-4.

Office of the Oklahoma Attorney General
Attention: Tobacco Enforcement
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105

You must sign and mail the original form to the address above.