



State of Illinois

Non-Participating Manufacturer

Certification of Additional Information

NPM-3

p. 1 of 5

Part 1: Liability Year and Type of Certification

Liability Year for this Certification: Complete a separate form for each liability year for which you are certifying. (check one) **2024** Other: _____

Type of Certification: (check one) Initial Annual Supplemental

Part 2: Manufacturer Identification

Company Name			
Mailing Address			
City	State	Zip Code	Country
Phone	Fax	FEIN	

Part 3: NPM Status

References to cigarettes (includes roll-your-own) are to the brand families certified on the NPM-1 form submitted by the manufacturer identified in Part 2.

Yes No NPM is the fabricator of the brand families listed on the NPM-1 form and intends for the cigarettes to be sold in the U.S., including cigarettes intended to be sold in the U.S. through an importer.

Yes No NPM is the first purchaser anywhere for resale in the U.S. of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the U.S.

Yes No NPM is a successor as defined in 30 ILCS 168/10.

Part 4: Additional Information Requested by Attorney General's Office

Check One		
Response Provided	Does Not Apply	
<input type="checkbox"/>	<input type="checkbox"/>	1. A copy of your current U.S. Treasury Tobacco Tax Bureau (TTB) permit as a manufacturer and/or as an importer as required by 26 U.S.C. §5712 and §5713. Foreign NPMs should provide importer permits for each company that will import its cigarettes into the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	2. Name, address and phone number of the Trademark owner and any license agreement or other document providing permission to the NPM to use the trademark for each of the brand families certified in Part 3 of the NPM-1 certification form.
<input type="checkbox"/>	<input type="checkbox"/>	3. A copy of the current corporate documents, such as articles of incorporation, charter or certificate.
<input type="checkbox"/>	<input type="checkbox"/>	4. A listing of all company officers and owners (all persons with an equity interest of 10% or more in company).
<input type="checkbox"/>	<input type="checkbox"/>	5. A complete list of cigarettes (including roll-your-own tobacco) that NPM, its principals, subsidiaries, affiliates, successors, members, officers, owners and directors manufacture no matter where sold; time periods for manufacture of those brands; and place of manufacture for those brands.
<input type="checkbox"/>	<input type="checkbox"/>	6. A complete list of other tobacco products (e.g. cigars, pipe tobacco, smokeless tobacco, etc.) that NPM and its principals, subsidiaries, affiliates, successors, members, officers, owners and directors manufacture no matter where sold; time periods for manufacture of those brands; and the place of manufacture for those brands.



State of Illinois

Non-Participating Manufacturer

Certification of Additional Information

NPM-3

p. 2 of 5

Part 4 (continued) : Additional Information Requested by Attorney General's Office

Check One

Response Provided	Does Not Apply	<ul style="list-style-type: none"> ▶ All NPMs must provide the information requested in this section. ▶ <u>Provide a response to each question or indicate N/A.</u> ▶ Each attachment must indicate the question to which it corresponds.
--------------------------	-----------------------	--

<input type="checkbox"/>	<input type="checkbox"/>		<p>7. A complete list of Little Cigars that NPM and its principals, subsidiaries, affiliates, successors, members, officers, owners and directors manufacture no matter where sold; time periods for manufacture of those brands; and the place of manufacture for those brands. See definition of "Little Cigars" on NPM-LC Part 3. Please provide packaging for any "Little Cigar" classified by the IL Department of Revenue as cigarettes in 2024 or which continue to be taxed under OTP tax. For any cigars classified as cigarettes in IL in 2024, please complete NPM-LC.</p>																		
<input type="checkbox"/>	<input type="checkbox"/>		<p>8. A list of prior manufacturers of each of the brand families certified in Part 3 of the NPM-1 certification form.</p>																		
<input type="checkbox"/>	<input type="checkbox"/>		<p>9. For <u>each</u> brand family certified in Part 3 of the NPM-1 certification form, provide the following:</p>																		
<input type="checkbox"/>	<input type="checkbox"/>	<p>a. location of manufacture</p> <p style="padding-left: 40px;">applies to each brand family</p> <p style="padding-left: 40px;"><input type="checkbox"/> yes <input type="checkbox"/> no (explain)</p>	<p>_____</p> <p>_____</p> <p>_____</p>																		
<input type="checkbox"/>	<input type="checkbox"/>	<p>b. name, address and phone number of the factory manager(s)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																		
<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Brand Family</th> <th style="width: 30%;">c.the date manufacturing first commenced</th> <th style="width: 40%;">d. the price you intend to sell each brand family to distributors licensed in Illinois</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Brand Family	c.the date manufacturing first commenced	d. the price you intend to sell each brand family to distributors licensed in Illinois																
Brand Family	c.the date manufacturing first commenced	d. the price you intend to sell each brand family to distributors licensed in Illinois																			
<input type="checkbox"/>	<input type="checkbox"/>		<p>e. identification of intended licensed Illinois distributors</p>																		
<input type="checkbox"/>	<input type="checkbox"/>		<p>f. explanation of manufacturing process and the precise activities that constitute fabrication of the cigarettes or roll-your-own tobacco</p>																		
<input type="checkbox"/>	<input type="checkbox"/>		<p>g. the name, address and contact for the fabricator, if other than the NPM, and a copy of any agreement or contract between the fabricator and NPM regarding the manufacture and/or sales of cigarettes</p>																		



State of Illinois

Non-Participating Manufacturer

Certification of Additional Information

NPM-3

p. 3 of 5

Part 4 (continued) : Additional Information Requested by Attorney General's Office

Check One

Response Provided	Does Not Apply	<ul style="list-style-type: none"> ▶ All NPMs must provide the information requested in this section. ▶ <u>Provide a response to each question or indicate N/A.</u> ▶ Each attachment must indicate the question to which it corresponds.
--------------------------	-----------------------	--

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. If NPM or any of its principals previously imported or distributed cigarettes or roll-your-own tobacco in the U.S., list each brand family name and the manufacturer name and address for each brand family. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. If NPM delivers cigarettes directly to a distributor located in and licensed to stamp for Illinois, list all distributors located in and licensed to stamp for Illinois to whom cigarettes were delivered and attach copies of the RC 36 CM reports filed with the Illinois Dept. of Revenue for deliveries during the liability sales year. If NPM does not sell directly to Illinois licensed distributors, provide a list of all importers and/or distributors to which cigarettes or roll-your-own tobacco were sold during the liability sales year. Provide a copy of your current registration with the Illinois Department of Revenue as a manufacturer. If NPM has an Illinois license to stamp cigarettes, please provide the current license number. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. For each brand family of roll-your-own tobacco being certified, state whether NPM pays the Illinois OTP tax and provide a complete list of retailers to whom the roll-your-own tobacco is intended to be sold in Illinois. If NPM pays the Illinois OTP tax, attach a copy of the State of Illinois distributor license. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. If NPM intends to sell or authorizes any other entity to sell any cigarettes or roll-your-own by mail order or through the internet, provide the internet website and/or identify publications. Attach copies of all reports, if any, filed with the Illinois Dept. of Revenue to comply with the Jenkins Act (Chapter 10A of Title 15 of the U.S. Code, Section 375 <i>et seq.</i>) for sales in the last 12 months. Attach copies of any agreements authorizing another to sell your brand families by mail order or through the internet. If NPM has a policy or protocol regarding the prevention of sales of your products via the internet, please provide a copy. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Does the NPM or any Affiliate, parent company, subsidiary, or sister company of the NPM disseminate or intend to disseminate any advertising or labeling in any of the following medium. Check all that apply and specify what media is used. <ul style="list-style-type: none"> <input type="checkbox"/> Internet Web sites <input type="checkbox"/> Microblogs (e.g., Twitter) or blogs or weblogs (e.g., Blogger, WordPress, Tumblr) <input type="checkbox"/> Emails sent to consumers <input type="checkbox"/> Social networks and online communities (e.g., Facebook, MySpace, LinkedIn, Friendster) <input type="checkbox"/> Video sharing (e.g., YouTube, Blip tv, Vimeo) or podcasts (e.g., audio sharing) <input type="checkbox"/> Wikis (e.g., Wikipedia) <input type="checkbox"/> Applications for smart phones and tablet computers (e.g., iPhones, Androids, iPads) <input type="checkbox"/> Text messaging or instant messaging <input type="checkbox"/> Pop up or roll-over advertisements on websites or online banners <input type="checkbox"/> Product placements in movies, music videos, and television, if done at the expense of tobacco manufacturer, distributor, or retailers |

If the answer is yes to any of the foregoing, please provide a copy of each and every notification to the FDA as required under 21 CFR § 1140.30(a)(2) not already provided to our office in previous certification materials. If previously provided, identify the liability year in which it was provided

If the NPM or any Affiliate, parent company, subsidiary, or sister company of the NPM only disseminates labeling and advertising in permissible media listed in § 1140.30(a)(1), provide an affidavit confirming such.



State of Illinois

Non-Participating Manufacturer

Certification of Additional Information

NPM-3

p. 4 of 5

Part 4 (continued) : Additional Information Requested by Attorney General's Office

Check One

Response
Provided

Does Not
Apply

- ▶ All NPMs must provide the information requested in this section.
- ▶ Provide a response to each question or indicate N/A.
- ▶ Each attachment must indicate the question to which it corresponds.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 15. For each brand family (cigarettes only) certified in Part 3 of the NPM-1 certification form, provide the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a) and attach copies of all certificates of compliance. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. For each brand family (cigarettes only) certified in Part 3 of the NPM-1 certification form, provide a copy of the current FTC rotation plan approval letter and the name and address of the entity that filed the health warning rotation plan with the FTC. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Provide a list of states that have certified NPM and the brand families certified. If any state has refused to list or removed NPM from a state's directory, identify the state(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. For each brand family certified in Part 3 of the NPM-1 certification form, provide proof of the submittal to FDA of the disclosure of tobacco product ingredients that was due by June, 2010 as required by §904 of the Federal Food, Drug and Cosmetic Act (FFDC) as amended by the Family Smoking Prevention and Tobacco Control Act (21 USC 387d). Please note that importers or their agents must submit the information to FDA for foreign tobacco product manufacturers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Provide a notarized statement that the brand styles you are attempting to certify are not banned effective September 22, 2009 by the FDA legislation that bans additives, including artificial or natural flavors, that are characterizing flavors of tobacco product other than tobacco or menthol. See Section 907(a)(1)(A) of the Federal Food, Drug and Cosmetic Act (FFDC) as amended by the Family Smoking Prevention and Tobacco Control Act (FSPTC). |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Provide documentation that all FDA 3852 forms have been filed and all required user fee payments have been made for all tobacco products for 2024 and until the time of filing pursuant to Section 919 of the Federal Food, Drug, and Cosmetic Act – User Fees. See 21 CFR Part 1150. Foreign manufacturers must submit documentation from each of its importers that the required information has been provided and the assessments have been paid. If you have disputed any FDA assessment, please provide the basis for your dispute and copies of any documents filed with or received from the FDA. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Provide Packaging for each brand family certified in Part 3 of the NPM-1 certification form as part of the Annual Certification for LY 2024 that contains similar descriptors to light, mild, or low or provide FDA authorization for such descriptors or confirm that no packaging contains such descriptors. See Section 911(b)(2)(ii) and 911(b)(3) of the Federal Food Drug and Cosmetic Act as amended by the Family Smoking Prevention and Tobacco Control Act (21 USC 387k). |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Provide a copy of the Biannual Report of Any Change in Product List submitted to the FDA as required by Section 905(i)(3) of the federal Food, Drug, and Cosmetic Act (FD&C Act). If there have been no changes in your product list and no biannual report was filed, provide an affidavit to this effect. |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. If NPM or a subsidiary or parent company of NPM sells or authorizes any other entity to sell any E-Cigarettes, provide a complete list of such E-cigarette brands. In addition, provide packaging for the E-cigarettes and any advertisements as well as a list of publications where the E-cigarettes are advertised. Confirm compliance with all Illinois laws relating to electronic cigarettes or alternative nicotine products. Also, confirm whether any claims have been made that the E-cigarettes are a smoking cessation device or that the product is a safer product than cigarettes or other tobacco products. |



State of Illinois

Non-Participating Manufacturer

Certification of Additional Information

NPM-3

p. 5 of 5

Part 5: PACT Act Information

Please provide the following information.

1. Has manufacturer filed monthly reports of all sales, shipments and transfers of cigarettes and tobacco products into Illinois during 2024 with the Illinois Department of Revenue? Yes No

(Provide a copy of your monthly reports filed with IDOR or confirm that such reports have been previously provided to the OAG.)

2. Do you advertise, offer to sell, or sell cigarettes, RYO, or smokeless tobacco in any other state besides Illinois? If so, please provide a list of those brands that you advertise, offer to sell, or sell outside of Illinois.

Part 6: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this certification either under the laws of the State of Illinois or of the jurisdiction where the manufacturer resides or is organized. I understand that the Attorney General may require additional information and/or documentation to determine whether the manufacturer qualifies for listing on the Illinois Directory. ***This document must be signed and dated by an authorized notary public only if not being filed through the electronic portal as determined by the Office of the Attorney General.***

NPM Authorized Designee

Title

Signature of NPM Authorized Designee

Date

Subscribed and sworn to
before me this date: _____

Signature of Notary Public

County

Commission Expires

Rev. 01/24/2025