



**State of West Virginia
Certification of Tobacco Product Manufacturer That
Signed Master Settlement Agreement
(Pursuant to WV Code § 16-9D-3)**

Part 1: Tobacco Product Manufacturer Identification

Tobacco Company Manufacturer Information	
Company Name:	
Street Address:	
City:	
State/Country:	
Postal Code:	
Telephone:	
Fax:	
Email:	
Name/Title of Person Completing Report:	

Part 2: Brand Family Identification (attach additional sheets if necessary)

The Participating Manufacturer identified in Part 1 has the following Brand Families, each of which the manufacturer hereby affirms are to be deemed its Cigarettes for purposes of calculating its payments under the Master Settlement Agreement for the relevant year, in the volume and shares determined pursuant to the Master Settlement Agreement.

Brand Families (List Below)	

Part 3: Execution by Authorized Designee

Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

Designee (Print Name):	
Title:	
Mailing Address:	
Telephone:	
Email:	
Signature of Designee:	
Date:	
Subscribed and sworn to before me on this date:	
City or County of	
My Commission expires:	
Signature of Notary Public:	

Mail the completed certificate of compliance to:

Tobacco Litigation Unit
The Office of the Attorney
State Capitol Complex
Building 1, Room W-435
Charleston, WV 25305

and

West Virginia State Tax Department
General Excise Tax Unit
P.O. Box 2991
Charleston, WV 25330-2991