

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

Schedule A DOMESTIC Cigarette Brands

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|-------------------|--|---|---|
| Manufacturer Name | Federal Manufacturer Permit No. TP - - | WI Dept. of Revenue (WDOR) Manufacturer Permit No. CMFR - | Certification for Sales Year 2026 |
|-------------------|--|---|---|

BRAND INFORMATION

IMPORTANT ALL brands manufactured and still available for sale to consumers on the U.S. market, on or after May 23, 2000, **MUST** be listed. Failure to disclose all brands on this application is cause for delisting and/or denial of all attributed brands.

DOMESTIC BRANDS – Brands manufactured in the United States (U.S.) by the manufacturer above and under the federal permit above. *If all the information is the same for multiple brands, you may submit one schedule for multiple Brand Reference Nos. (i.e. A-1 to A-7; A-8 to A-16).*

▼ Mark this box with an “X” to indicate brands you are requesting certification for sale and distribution in Wisconsin for this certification sales year.

| | | | | | | |
|--|--|--------------------------------------|---|--|--|----------------------------------|
| U.S. Requirements | <input checked="" type="checkbox"/> X | 1. Brand Name | 2. Brand Style | | 3. MSA Status (<i>check one</i>) | 4. Brand Reference No. |
| | | | | | <input type="checkbox"/> PM <input type="checkbox"/> NPM | |
| 5. Price per Carton to Distributor for Sale & Distribution in Wisconsin: | | 5a. Price | | 5b. Price List | | |
| Package: <input type="checkbox"/> 8/25 <input type="checkbox"/> 10/20 <input type="checkbox"/> 10/25 <input type="checkbox"/> Other: | | \$ | | <input type="checkbox"/> Provided as Exhibit H | | |
| U.S. Requirements | FTC | 6. Date of FTC Compliance Letter (*) | 6a. FTC Expiration Date | 6b. FTC Brand Label Warning Approval Submitted to Federal Trade Commission (FTC) by: | | 6c. Relationship to Manufacturer |
| | HHS | 7. Date of HHS Compliance Letter (*) | 7a. HHS Expiration Date March 31 of each year | 7b. HHS Ingredient Reporting Submitted to Health & Human Services (HHS) / CDC / OSH by: | | 7c. Relationship to Manufacturer |
| 8. Trademark Owner(*): a. Legal Name >> | | b. Doing Business As (DBA) Name | | | | |
| 8c. Address: | | Street Address | City | State / Province | Country | Zip Code |
| 9. Physical Location(s) where these cigarettes are fabricated >> | | Street Address | City | State / Province | Country | Zip Code |
| 9a. Name of owner of this plant / facility (print or type) | | | 9b. Date First Manufactured | 9c. Date Last Manufactured or N/A if currently Manufactured Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other (<i>explain</i>) | | |
| 9d. Is this the sole facility where this brand / brand style is fabricated? | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and complete additional Schedule A for other location(s) and attach. | | | | | | |

All fields must be completed.