



Participating or Non-Participating Manufacturer Certification – Brand Disclosure

Schedule A DOMESTIC Cigarette Brands

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

▼ 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		A - _____	
5. Price per Carton to Distributor for Sale & Distribution in Wisconsin:									
Pkg. (i.e. 8/25, 10/20, 10/25, etc.) >> _____ \$ (*) Attach a current price list as Exhibit _____									
U.S. Requirements	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	
	7. Date of HHS Compliance Letter (+)		7a. HHS Expiration Date		7b. HHS Ingredient Reporting Submitted to Health & Human Services (HHS) / CDC / OSH by:			7c. Relationship to Manufacturer	
		<i>March 31 of each year</i>							
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 (<i>print or type</i>)				9b. Date First Manufactured		9c. Date Last 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.									

(*) Requires attached supporting documents.