



Participating or Non-Participating Manufacturer Certification - Brand Disclosure

| | | |
|-------------------|--|---|
| Schedule B | DOMESTIC Roll-Your-Own (RYO / MYO) Cigarette Tobacco Brands | Page _____ of _____ |
| Manufacturer Name | Federal Manufacturer Permit No. TP - - | WI Dept. of Revenue (WDOR) Manufacturer Permit No. TMFR - |
| | | Certification for Sales Year |

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.

| | | | | | |
|--|----------------------------|--|---------------------------------|--|--|
| <input checked="" type="checkbox"/> | 1. Brand Name | 2. Brand Style | | 3. MSA Status <i>(check one)</i> <input type="checkbox"/> PM <input type="checkbox"/> NPM | 4. Brand Reference No. B - _____ |
| 5. Cigarette Tobacco Sold as <i>(check one)</i> <input type="checkbox"/> Loose Bulk <input type="checkbox"/> Packaged / Brand Labeled | | 6. Price per Package / Bag to Distributor for Sale & Distribution in Wisconsin: Packaging / Ounces (Oz.) per Bag | | Oz. \$ | (*) Attach a current price list as Exhibit _____ |
| 7. Trademark Owner(+): a. Legal Name >> | | | b. Doing Business As (DBA) Name | | |
| 7c. Address: | Street Address | City | State / Province | Country | Zip Code |
| 8. Physical Location(s) where this cigarette tobacco is blended >> | | Street Address | City | State / Province | Country |
| 8a. Name of owner of this plant / facility <i>(print or type)</i> | | 8b. Is this the sole facility where this process occurs for this brand / brand style? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and complete additional Schedule B for other location(s) and attach. | | | |
| 9. Physical Location(s) where this cigarette tobacco is packaged for individual sale (i.e. not bulk) >> | | Street Address | City | State / Province | Country |
| 9a. Name of owner of this plant / facility <i>(print or type)</i> | | 9b. Is this the sole facility where this process occurs for this brand / brand style? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and complete additional Schedule B for other location(s) and attach. | | | |
| 10. Date First Manufactured | 11. Date Last Manufactured | Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other <i>(explain)</i> | | | |

(*) Requires attached supporting documents.