

Participating or Non-Participating Manufacturer Certification – Brand Disclosure

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|-------------------|--|---|
| Schedule C | DOMESTIC Little Cigar 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.) for sale in the 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. C - _____ |
| 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 _____ | | | | |
| 6. Trademark Owner(+): a. Legal Name >> _____ b. Doing Business As (DBA) Name _____ | | | | |
| 6c. Address: _____ Street Address _____ City _____ State / Province _____ Country _____ Zip Code _____ | | | | |
| 7. Physical Location(s) where these Little Cigars are fabricated >> Street Address _____ City _____ State / Province _____ Country _____ Zip Code _____ | | | | |
| 7a. Name of owner of this plant / facility <i>(print or type)</i> | | 7b. Date First Manufactured | 7c. Date Last Manufactured | Reason: <input type="checkbox"/> Discontinued <input type="checkbox"/> Other <i>(explain)</i> |
| 7d. 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 C for other location(s) and attach. | | | | |

(*) Requires attached supporting documents.