

**SOUTH DAKOTA Certificate of Compliance
Non-Participating Manufacturer Escrow Payment
South Dakota Codified Law Ch. 10-50B**

2010 Sales Reporting Period
Quarters 1 and 2
Deposit Due: **August 31, 2010**

Part 1: Manufacturer's Identification

Name: _____

Address: _____

Phone: _____ Fax: _____

List of Brand families: _____

"Brand families" is defined as: all styles of cigarettes and roll your own tobacco sold under the same trade mark and differentiated from one another by means of additional modifiers or descriptors, and any brand name (alone or in conjunction with any other word), trademark, logo, symbol, motto, selling message, recognizable pattern of colors, or any other indicia of product identification identical, similar to, or identifiable with a previously known brand of cigarettes or roll your own tobacco.

Part 2: Units Sold

Number of individual cigarettes and "roll-your-own" tobacco units (0.09 oz = 1 unit) sold by the Manufacturer identified above during Quarters 1 and 2 of 2010: _____

The calendar year is divided into the following quarters: January 1st to March 31st (Quarter 1); April 1st to June 30th (Quarter 2); July 1st to September 30th (Quarter 3); and October 1st to December 31st (Quarter 4).

Part 3: Escrow Rates and Payments

For the sales year 2010, the rate per cigarette is \$0.0188482

Part 4: Escrow Deposit Due Without Inflation Adjustment

The appropriate deposit subtotal is \$ _____ (*Multiply units in Part 2 by rate in Part 3*)

Part 5: Estimated Inflation Adjustment

The estimated inflation adjustment for Quarters 1 and 2 of sales year 2010 is 41.31818 percent.

\$ _____ (*Multiply escrow deposit due in Part 4 by 0.4131818*)

Part 6: Escrow Deposit Paid

The total amount that has been paid into the qualified escrow fund by the Manufacturer identified above for sales in Quarters 1 and 2 of year 2010 is \$ _____ (*Add numbers in Part 4 and Part 5*)

Part 7: Financial Institution

Name of Institution: _____

Address: _____

Escrow Acct No: _____ sub-account No. for South Dakota: _____

Total Amt Held for South Dakota: _____ Total Balance in Escrow Account: _____

Copies of your receipt or other proof of deposit from your financial institution, must be attached and filed with this Certificate of Compliance.

Part 8: Signature

I hereby certify that the above-named manufacturer has deposited \$0.0188482 for each unit sold (cigarette and "roll-your-own" tobacco as defined by SDCL 10-50B-4) in South Dakota in Quarters 1 and 2 of year 2010, plus the estimated inflation adjustment due, in the above-described escrow account. Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Certificate of Compliance is true and accurate.

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Subscribed to and sworn to before me, a Notary Public, on this ____ day of _____, ____.

Notary Public

(SEAL)

My commission expires:

Mail this certificate of compliance to:

**Office of the Attorney General
Attn: Meghan J. Sonstegard
Assistant Attorney General
1302 E. Highway 14, Suite 1
Pierre, SD 57501-8501**