OFFICE OF THE ATTORNEY GENERAL
Lawrence G. Wasden
Consumer Protection Division
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P.O. Box 83720
Boise, ID 83720-0010
Phone: (208) 334-2424

For Office Use Only

NON-PARTICIPATING MANUFACTURER'S (NPM) APPOINTMENT OF REGISTERED AGENT FOR STATE OF IDAHO AND REGISTERED AGENT'S STATEMENT

NON-PARTICIPATING TOBACCO MANUFACTURERS:

The undersigned Non-Participating Manufacturer ("NPM") _____ hereby appoints _____ as its registered agent to receive service of process on its behalf. NPM agrees to do the following: (1) provide notice to the Office of the Attorney General for the State of Idaho ("Attorney General") at least thirty (30) calendar days prior to termination of the authority of the registered agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five (5) calendar days prior to the termination of an existing agent appointment. NPM further agrees that if the agent terminates its agency appointment, NPM shall provide notice to the Attorney General of the termination within five (5) calendar days and shall include proof to the Attorney General of the appointment of a new agent.

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including attachments, if any, are true, correct, accurate and complete in every particular, and that I am a person authorized, either under the laws of the State of Idaho or of the jurisdiction where the manufacturer resides or is organized, to bind the NPM making this Certification. **Any violation of the requirements of Idaho Code § 39-8404 is a basis for removal of the NPM and its Brand Families from the Idaho Directory of Compliant Tobacco Product Manufacturers and Brand Families.**

**** This Appointment must be signed and dated before a notary public ****

Signature of NPM or NPM's Authorized Designee: _____
Designee (Print Name): _____ Title: _____
Principle Place of Business (physical address): _____

STATE OF _____}
COUNTY OF _____}
COUNTRY OF _____}

On _____ before me, _____ , personally appeared _____ , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: _____ My Commission expires: _____

NAME AND ADDRESS OF IDAHO STATE REGISTERED AGENT:

Name: _____

Street Address (*Required – **Must be within Idaho***): _____

P. O. Box (*Optional – Must be in same city as street address*): _____

City & State: _____ Zip Code: _____

Telephone: _____ FAX: _____ Email: _____

I consent to serve as Registered Agent in the State of Idaho for the NPM named herein, pursuant to Idaho Code § 39-8404. I understand it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

**** This Appointment must be signed and dated before a notary public ****

Registered Agent Signature:_____ Date: _____
Registered Agent Printed Name: _____ Title: _____
Principle Place of Business (physical address): _____

STATE OF _____}
COUNTY OF _____}
COUNTRY OF _____}

On _____ before me, _____ , personally appeared _____ , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: _____ My Commission expires: _____

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