QUARTERLY CERTIFICATE OF COMPLIANCE

ND OFFICE OF ATTORNEY GENERAL
CIVIL LITIGATION DIVISION
SFN 62015 (11-2026)

Manufacturer's Identification

Name				
Address		City	State	ZIP Code
Telephone Number	Fax Number	Sales Year	Quarter	

Units Sold - Cigarettes

Brand Name	Number of Cigarettes
1. Total Cigarettes	

Units Sold - Roll-Your-Own (RYO)

2. Total ounces of RYO sold during liability reporting period	
3. RYO conversion rate to unit sold	.09
4. Total RYO units sold during liability reporting period (multiply line 2 by line 3)	0
5. Total Nonparticipating Manufacturer Sale (add lines1 and 4)	0

Escrow Deposit (use the rates listed below to figure the appropriate deposit amount)

For the liability year 2007 and later, the rate per cigarettes is..... 0.0188482

Contact the Attorney General's office for rates for previous years.

6. Enter appropriate rate for the reporting period.	
7. Multiply line 6 by Total Nonparticipating Manufacturer sales (line 5).	
8. Multiply line 7 by the inflation adjustment percentage of 151.72929 for 2026 liability year.	
9. Enter the total amount to be paid into the escrow account for this period by manufacturer (total of lines 7 & 8).	
10. Total amount paid into the escrow account for this period. Amount must be deposited within thirty (30) days after end of the calendar quarter.	

A current escrow account statement for the North Dakota sub-account and copies of your receipt or other proof of deposit from your financial institution must be attached and filed with this Quarterly Certification of Compliance.

Continued on next page

Financial Institution

Institution Name			
Address	City	State	ZIP Code
Escrow Account Number	Sub-Account Number		

Escrow Deposit/Withdrawal History for North Dakota

Date	Deposit	Withdrawal/Transfer	Balance

REQUIRED: Please attach an exhibit that conforms to the above chart columns and also includes a "Total amount held for the State of North Dakota".

☐ I have attached the exhibit.

Quarterly Cigarette Sales Reporting

Shipped by: Distributor or NPM	Brand	First Month of Quarter Sticks	Second Month of Quarter Sticks	Third Month of Quarter Sticks	Quarter Total
				Total	

Declaration Made Within United States

I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

Signed on this day	Date	
in this City or Other Location	State of	Country United States
Name of Authorized Designee		
Title		
Signature of Authorized Designee		

Declaration Made Outside Boundaries of United States

I declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct, and that I am physically located outside the geographic boundaries of the United States, Puerto Rico, the United States Virgin Islands, and any territory or insular possession subject to the jurisdiction of the United States.

Signed on this day	Date	
in this City or Other Location	State of	Country
Name of Authorized Designee		
Title		
Signature of Authorized Designee		

Quarterly Certificate of Compliance must be filed on or before the last day of the month following the close of the quarter (e.g., January 31, April 30, July 31, and October 31).

Email To: Attorney General (preferred method) **OR**

Mail To:

North Dakota Attorney General
Civil Litigation Division
ATTN Tobacco Paralegal
500 N 9th Street
Bismarck ND 58501