

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

*Please print or type in permanent dark ink.
Sign, date, and return original to:*

FOR THE ATTORNEY GENERAL
Donald D. Stanley, Jr.
Assistant Attorney General
2nd Floor, Hoover Building
1305 E. Walnut
Des Moines IA 50319

NON-PARTICIPATING TOBACCO MANUFACTURERS:

The undersigned Non-Participating Manufacturer ("NPM") _____ hereby appoints _____ as its registered agent to receive service of process on our behalf; said registered agent is authorized to receive service of process on behalf of the NPM. The undersigned also agrees to do the following: (1) provide notice to the Office of the Attorney General for the State of Iowa ("Attorney General"), at least 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 calendar days prior to the termination of an existing agent appointment. The undersigned NPM further agrees that if the agent terminates its agency appointment, the undersigned shall provide notice to the Attorney General of the termination within five calendar days with proof to the Attorney General of the appointment of a new agent and a new Non-Participating Manufacturer's (NPM) Appointment of Registered Agent for the State of Iowa and Registered Agent's Statement form.

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular and that I am a person authorized to bind the NPM making this Certification either under the laws of the State of Iowa or the jurisdiction where the manufacturer resides or is organized and I have attached an authentic, certified copy of document(s) as proof of my authority to bind the NPM. **Any violation of the requirements of Iowa Code §453D.4 is a basis for removal of the applicant's Brand Families from the list of compliant NPM's.**

**** This Certification must be signed and dated by an authorized notary public.****

Signature of Designee for Non-Participating Manufacturer: _____

Designee (Print Name): _____

Title: _____

Principal Place of Business (physical address): _____

STATE OF _____ }
COUNTY OF _____ }
COUNTRY _____ }

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 of 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 IOWA STATE REGISTERED AGENT:

Name: _____

Street Address (Required -- Must be within Iowa): _____

PO Box (Optional -- Must be in same city as street address): _____

City & State: _____ Zip Code: _____

Telephone: _____

I consent to serve as Registered Agent in the State of Iowa for the above named NPM, pursuant to Iowa Code §453D.4. 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 Certification must be signed and dated by an authorized notary public.****

Signature: _____ Date: _____

Print Name: _____

Title: _____

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: _____