

**SMOKELESS TOBACCO PRODUCT MANUFACTURER'S APPOINTMENT OF REGISTERED AGENT
FOR STATE OF OREGON AND REGISTERED AGENT'S STATEMENT**

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

**Office of the Attorney General for the State of Oregon
Oregon Department of Justice
Civil Enforcement Division; Attn: Tobacco Enforcement
1162 Court Street, NE
Salem, OR 97301-4096**

NON-PARTICIPATING TOBACCO MANUFACTURERS:

The undersigned smokeless tobacco product manufacturer, _____, hereby appoints _____ as its registered agent to receive service of process on its behalf; said registered agent is authorized to receive service of process on behalf of the manufacturer. The undersigned manufacturer also agrees to do the following: (1) provide notice to the Office of the Attorney General for the State of Oregon ("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 manufacturer 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 Smokeless Tobacco Product Manufacturer's Appointment of Registered Agent for State of Oregon 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 manufacturer making this Certification either under the laws of the State of Oregon or of 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 manufacturer.

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

Signature of Designee for Manufacturer: _____
Designee (Print Name): _____
Title: _____

Principal 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 OREGON STATE REGISTERED AGENT:

Name: _____

Street Address (Required – Must be within Oregon): _____

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 Oregon for the above named smokeless tobacco product manufacturer, pursuant to ORS 323.810 to 323.816 or ORS 180.465 to 180.494. I understand it will be my responsibility to receive Service of Process on behalf of the manufacturer; to forward mail to the manufacturer; 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: _____

DM #2355955