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Please Review Instructions Prior to Completion.

Part 1: Liability Year and Type of Certification								
Liability Year for this Certification: Complete a separate form for each □ 2024 □ Oth liability year for which you are certifying. (check one)					Other			
Type of Certification: (check one)		Initial		Annual		Supplemental		
Part 2: Manufacturer Ide	ntification							
Company Name	Company Name FEIN							
Mailing Address								
City	City State		Zip Cod	Zip Code Country				
Phone			Web A	Web Address				
Name and title of person compl	leting this form							
Part 3: Designated Conta	act							
Name			Title	Title				
Mailing Address			City,	City, State, Zip				
Phone	Fax		E-ma	E-mail				
			l					
Part 4: Brand Family Cer	rtification (Atta	ch Brands	Addendu	m pages	as necessary	<i>(</i>)		
As of the date of this certification performed its financial obligation this certification are a complete of calculating payments under the limit or otherwise affect the State product manufacturer for purpose calculating payments under the state of the	ns under the Master list of the brand fam ne MSA in the volum e's right to maintain ses of calculating pa	Settlement allies which are and share that a Brandyment under	Agreemelure deemelus determents Handler Tamily of the MSA	nt (MSA). ed to be it ined purs constitutes A. Asteri	The PM certifus cigarettes (in suant to the MS sigarettes or sk (*) denotes	ies that the cluding SA. Noth RYO tol	the brand families RYO product) for ing in this certifica pacco of a differer	listed in purposes ation shall nt tobacco
Brand Family	Brand Family Check One			Brand Family			Check One	
	☐ Cigarett	e □ R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e □ R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e □ R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO
	☐ Cigarett	e 🗆 R	YO				☐ Cigarette	□ RYO



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Part 5: Illinois Directory Verification			
	Directory Listing for Brand Families (check one)		
	The PM certifies that the brand families listed on the Illinois Directory of Participating Manufacturers posted at www.illinoisattorneygeneral.gov are accurate and correct, as is the manufacturer's name.		
	Corrections to the Illinois Directory of Participating Manufacturers posted at www.illinoisattorneygeneral.gov are attached.		
	The PM is not listed on the Illinois Directory of Participating Manufacturers.		
	Directory Listing Information for FSC Cigarettes (check one) For each brand style that the Fire Marshal has approved and for which the Attorney General's Office has approved the Brand Family, provide the following information: Brand Style, Size (100 or King), Flavor, Filter (Y/N), and Package (Soft/Box) as it should be listed on the Illinois Directory.		
	The PM certifies that the brand style information for FSC cigarettes listed on the Illinois Directory of Participating Manufacturers posted at www.illinoisattorneygeneral.gov are accurate and correct, as is the manufacturer's name.		
	Corrections to the Illinois Directory of Participating Manufacturers posted at www.illinoisattorneygeneral.gov are attached.		

Part 6: Packaging

For each brand family certified in Part 4, provide original packaging for all brand styles which are representative of each brand family. Flat empty cartons are preferred. **Submit new packaging each time you change your packaging or add new brand families**. Packaging for FSC products must be provided when changes are made to the packaging or new FSC products are certified for listing and sale in Illinois. Packaging provided for cigarettes certified in Part 4 must reflect compliance with the Cigarette Fire Safety Standard Act (425 ILCS §8/1, et seq.).

Please provide packaging for each brand family certified in Part 4 of the Annual Certification for LY 2024 that contains similar descriptors to light, mild, or low and provide FDA authorization for such descriptors or confirm that no packaging contains such descriptors. See Section 911(b)(2)(ii) and 911(b)(3) of the Federal Food Drug and Cosmetic Act as amended by the Family Smoking Prevention and Tobacco Control Act (21 USC 387k).

Part 7: Additional Information Requested by Attorney General's Office

All PMs must provide the information requested in this section. Provide a response to each question or indicate N/A. Each attachment must indicate the questions to which it corresponds.

- 1. For each brand family certified in Part 4, provide the following:
 - a. address of the manufacturing plant(s)
 - b. name, address and phone number of the factory manager(s)
 - c. name and address of each Illinois licensed distributor that distributes your brand families. If the brand families certified in Part 4 are made by some entity other than the PM, please provide the name, address and contact name for the fabricator and a copy of any agreement or contract between the fabricator and the PM regarding the manufacture and/or sale of each brand family.
- A copy of your current U.S. Treasury Tobacco Tax Bureau (TTB) permit as a manufacturer and/or as an importer as required by 26
 U.S.C. §5712 and §5713. Foreign TPMs should provide importer permits for each company that will import its cigarettes into the United
 States and the name, address and contact information for each importer.
- Name, address and phone number of the Trademark owner and any license agreement or other document providing permission to the PM to use the trademark for each of the brand families certified in Part 4 of the PM-1 certification form.
- 4. A copy of the current corporate documents, such as articles of incorporation, charter or certificate.
- 5. A listing of all company officers and owners (all persons with an equity interest of 10% or more in the company).
- 6. Provide a copy of the Biannual Report of Any Change in Product List submitted to the FDA as required by Section 905(i)(3) of the federal Food, Drug, and Cosmetic Act (FD&C Act). If there has been no change in your product list and no biannual report was filed, provide an affidavit to this effect.



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Please Review Instructions Prior to Completion.

7.	For each brand family certified in Part 4, has the PM in prior certifications provided proof of the submittal to FDA of the disclosure of tobacco product ingredients that was due by June 2010 as required by §904 of the Federal Food, Drug and Cosmetic Act (FFDC) as amended by the Family Smoking Prevention and Control Act (21 USC 387d)? Yes No If the answer for any of the brand families is no, please submit.			
8.	For each brand family (cigarettes only) certified in Part 4 provide the most recent approval letter from the FTC for the health warning plan and provide the name and address of the entity that filed the health warning rotation plan. Attach any documents as exhibits labeled with the question number and part. If you answer "no" to any of the following, attach a document labeled with the proper question number explaining.			
	a. Has the PM attached the most recent approval letter from the FTC for the health warning rotation plan for each brand as an			
	exhibit? ☐ Yes ☐ No b. Has the PM provided the name and address of the entity that filed the health warning rotation plan with the FTC for each brand as an exhibit? ☐ Yes ☐ No			
	c. The PM affirms that it will continue to comply with the plan in the most recent FTC approval. ☐ Yes ☐ No d. The PM affirms that it will timely provide any necessary information to the FDA and provide the Illinois Attorney General with a copy of the PM's cover letter to the FDA. The PM has attached the cover letter as an exhibit or affirms it will be providing the cover letter to the Illinois Attorney General within 10 days of sending it to the FDA. 1. Cover letter attached? ☐ Yes ☐ No 2. Cover letter to be provided after submission to the FDA? ☐ Yes ☐ No			
	days of receipt. ☐Yes ☐No			
	f. The PM affirms that all cigarette products listed for certification on this form are lawful for marketing under the Family Smoking Prevention and Tobacco Control Act. Yes No			
9.	Provide a notarized statement that the brand styles you are attempting to certify are not banned effective September 22, 2009 by the FDA legislation that bans additives, including artificial or natural flavors that are characterizing flavors of tobacco product other than tobacco or menthol. See Section 907(a)(1)(A) of the Federal Food, Drug and Cosmetic Act (FFDC) as amended by the Family Smoking Prevention and Tobacco Control Act (FSPTC).			
10.	Please provide a copy of your most recent FDA 3852 form as well as proof that all required user fee payments have been made for all tobacco products for 2024 and until the time of filing pursuant to Section 919 of the Federal Food, Drug, and Cosmetic Act – User Fees. See 21 CFR Part 1150. Foreign manufacturers must submit documentation from each of its importers that the required information has been provided and the assessments have been paid. If you have disputed any FDA assessment, please provide the basis for your dispute and copies of any documents filed with or received from the FDA.			
11.	If PM delivers cigarettes directly to a distributor located in and licensed to stamp for IL, list all distributors located in and licensed to stamp for IL to whom cigarettes were delivered and provide copies of the RC 36 CM reports filed with the Illinois Department of Revenue for deliveries during the liability sales year.			
12.	Provide a copy of your current registration with Illinois Department of Revenue as a manufacturer.			
13.	If PM or a subsidiary or parent company of PM has an Illinois license to stamp cigarettes or pay the OTP tax on RYO, please provide the current license number.			
14.	If PM intends to sell or authorizes any other entity to sell any cigarettes or roll-your-own by mail order or through the internet, provide the internet website and/or identify publications. Attach copies of all reports, if any, filed with the Illinois Dept. of Revenue to comply with the Jenkins Act (Chapter 10A of Title 15 of the U.S. Code, Section 375 et seq.) for sales in 2024. Attach copies of any agreements authorizing another to sell your brand families by mail order or through the internet. If PM has a policy or protocol regarding the prevention of sales of your products via the internet, please provide a copy.			
15.	Does the PM or any Affiliate, parent company, subsidiary, or sister company of the PM disseminate or intend to disseminate any advertising or labeling in any of the following medium. Check all that apply and specify what media is used.			
	☐ Internet web sites ☐ Microblogs (e.g., Twitter) or blogs or weblogs (e.g., Blogger, WordPress, Tumblr)			
	☐ Emails sent to consumers ☐ Social networks and online communities (e.g., Facebook, MySpace, LinkedIn, Friendster)			
	☐ Video Sharing (e.g., YouTube, Blip tv, Vimeo) or podcasts (e.g., audio sharing) ☐ Wikis (e.g., Wikipedia) ☐ Applications for smart phones and tablet computers (e.g., iPhones, Androids, iPads)			
	☐ Text messaging or instant messaging ☐ Pop up or roll-over advertisements on website or online banners			
	☐ Product placement in movies, music videos, and television, if done at the expense of tobacco manufacturer, distributor, or retailers			
	If the answer is yes to any of the foregoing, please provide a copy of each and every notification to the FDA as required under 21 CFR § 1140.30(a)(2) not already provided to our office in previous certification materials. If previously provided, identify the liability year in which it was provided.			
	If the PM or any Affiliate, parent company, subsidiary, or sister company of the PM only disseminates labeling and advertising in permissible media listed in § 1140.30(a)(1), provide an affidavit confirming such.			



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Part 7: Additional Information Requested by Attorney General's Office

16.	Provide a complete list of "Little Cigars" that PM or a subsidiary, affiliate or parent company of PM manufactures. See definition of "Little Cigars" on PM-LC Part 3. Please provide packaging for any "Little Cigar" classified by the Illinois Department of Revenue as cigarettes in 2024 or which continue to be taxed under OTP tax. For any Cigars classified as Cigarettes in IL in 2024, please complete PM-LC.
17.	Provide a complete list of other tobacco products (e.g. cigars, pipe tobacco, smokeless tobacco, etc.) that PM or a subsidiary or parent company of PM manufactures no matter where sold; time periods for manufacture of those brands; and the place of manufacture for those brands.
18.	If PM or a subsidiary or parent company of PM sells or authorizes any other entity to sell any E-Cigarettes, provide a complete list of such E-cigarette brands. In addition, provide packaging for the E-cigarettes and any advertisements as well as a list of publications where the E-cigarettes are advertised. Confirm compliance with all Illinois laws relating to electronic cigarettes or alternative nicotine products. Also, confirm whether any claims have been made that the E-cigarettes are a smoking cessation device or that the product is a safer product than cigarettes or other tobacco products.
19.	Provide the name and address of your Illinois Registered Agent.
20.	Has manufacturer filed monthly reports of all sales, shipments and transfers of cigarettes and tobacco products into Illinois during 2024 with the Illinois Department of Revenue? \square Yes \square No
	(Provide a copy of your monthly reports filed with IDOR or confirm that such reports have been previously provided to the OAG.)
21.	Do you advertise, offer to sell, or sell cigarettes, RYO, or smokeless tobacco in any other state besides Illinois? ☐ Yes ☐ No If Yes, please provide a list of those brands that you advertise, offer to sell, or sell outside of Illinois.



Springfield IL 62701

State of Illinois Certification of Participating Manufacturer

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Please Review Instructions Prior to Completion.

Part 8: Manufacturer Certification						
Under penalties of perjury, I state that, to the be attached documents are true and accurate. This being filed through the electronic portal as de	document must be signed and o	lated by an authorized notary public only if not				
Name of Authorized Designee	Title of Authorized Designee					
Signature of Authorized Designee	Date					
Subscribed and sworn to me this date:						
	Signature of Notary Public					
	County	Commission expires				
Checklist of required documents						
 □ PM-1 Certification of Participating Manufacturer □ Any Brands Addendum pages for Part 4 Brand Family Certification □ PM – LC Certification of Little Cigar/Cigarette 						
Mail to	For Addit	ional Forms and Information				
Submit the completed certification and other documentation to the Tobacco Enforcement address:	Bureau at this E-mail: tob	7) 785-8541 acco.tobacco@ilag.gov				
Office of the Illinois Attorney General Tobacco Enforcement Bureau 500 South Second Street	WWW.IIIInoi (Click on Toba	sAttorneyGeneral.gov				

Instructions

Instructions for Certification of Participating Manufacturer



General Information

What is a Participating Manufacturer?

A Participating Manufacturer (PM) is any cigarette (including RYO) manufacturer who has signed on to the tobacco Master Settlement Agreement (MSA).

Who must file this Certification?

Any Participating Manufacturer whose cigarettes or roll-your-own tobacco (RYO) were sold in Illinois during the preceding calendar year or who intend for their brands to be listed in the Illinois Directory of Participating Manufacturers. If a brand is not listed in this certification, it will not be listed in the Directory.

It is unlawful to stamp or offer for sale in the State of Illinois any cigarette or RYO brand which is not included in the Illinois Directory of Participating Manufacturers or Directory of Compliant NPMs.

When is this Certification due?

An annual certification must be filed with the Attorney General no later than April 30 of each year. An initial certification may be filed at any time.

Updates

The PM shall update its certification list at least 30 days prior to any addition to or modification of the PM's brand families by executing and delivering a supplemental certification to the Attorney General.

Special Instructions

Part 1: Liability Year and Type of Certification

- Check appropriate liability year. You must submit a separate certification for each year.
- If "Other" is checked, enter liability year for which certification is being provided.
- Check whether this is an initial (manufacturer is not currently listed on the Illinois Directory), annual (due April 30, 2025 for 2024 sales), or supplemental (change of information provided to the Attorney General.

Part 2: Manufacturer Identification

Provide your company name, address, phone and fax numbers, web address, FEIN, and name and title of the person completing the form.

Part 3: Designated Contact

Provide the name, title, address, phone and fax numbers, and e-mail address for the individual the Attorney General should contact with respect to matters relating to this certification. The designated contact is the individual who will receive Attorney General mailings, including the annual certification mailing.

Part 4: Brand Family Certification

- Brand Family: Provide the brand name, which could include many brand styles (menthol, 100's, etc.) Do not list each style in Part 4.
- Identify each Brand Family of all cigarettes that the PM intends to sell in Illinois, either directly or indirectly through any distributor, retailer or similar intermediary, and seeks to have included in the Directory.
- Indicate by an asterisk (*) brand families which are NOT certified for sale in Illinois but which are deemed to be its cigarettes for purposes of calculating payments under the MSA.
- · Check whether the product is cigarettes or RYO.
- Where a brand is offered as both cigarettes and RYO, make a separate entry for each.
- A Brands Addendum page is included with the certification packet and is available on the Attorney General's website.
 Copy as needed.

Part 5: Illinois Directory Verification

- Mark the applicable box and provide any corrections for brand families.
- Mark the applicable box and provide listing information for FSC cigarettes, including brand style, size (100 or Kings), flavor, filter (y/n) and package (soft or box) as it should be listed on the Illinois Directory.

Part 6: Packaging

- Provide original packaging for all styles for each brand family certified. If no changes from previous submission indicate date of prior submission.
- Packaging provided for cigarettes must reflect compliance with the Cigarette Fire Safety Standard Act (425 ILCS §8/1 et seq.)
- Submit new packaging each time you change your packaging or add new brand families.
- Provide packaging for all brand styles that contain descriptors including "light," "mild," or "low" or similar descriptors and provide any approvals of the FDA for such descriptors.

Part 7: Additional Information Requested by the Attorney General's Office

Provide the information requested. The Attorney General may require a tobacco product manufacturer to submit any additional information including, but not limited to, samples of the packaging or labeling of each brand family, as is necessary to enable the Attorney General to determine whether a tobacco product manufacturer is in compliance with the Escrow Enforcement Act of 2003 (30 ILCS 167/25(d)).

Part 8: Manufacturer Certification

The authorized designee executing the certification must be an officer, principal, director or other authorized representative of the manufacturer. The authorized designee's name and title must be legibly printed. The signature must be notarized if the form is not filed through the electronic portal as determined by the Office of the Attorney General.