AFFIDAVIT

I hereby certify that as of	, 20, all	<u>'</u> S
cigarette products listed on this certificat	ion form are lawful for mark	eting under the Family
Smoking Prevention and Tobacco Contr	ol Act. Such products are eith	her grandfathered,
provisionally approved during the review	v process or authorized by the	e Food and Drug
Administration to be able to be sold in th	ne United States.	
Date:		
	Signature	
	Print Name	
	Address	
Subscribed and sworn to me on the	day of	, 20 by
	, personally known to me	or proved to me on
the basis of satisfactory evidence to be the	he person(s) who appeared be	fore me. Witness by
my hand and official seal.		

Notary Public

My Commission Expires: _____