

**AFFIDAVIT**

I hereby certify that as of \_\_\_\_\_, 20 \_\_, all \_\_\_\_\_'s  
cigarette products listed on this certification form are lawful for marketing under the Family  
Smoking Prevention and Tobacco Control Act. Such products are either grandfathered,  
provisionally approved during the review process or authorized by the Food and Drug  
Administration to be able to be sold in the United States.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address  
\_\_\_\_\_

Subscribed and sworn to me on the \_\_\_\_\_ day of \_\_\_\_\_, 2024 by  
\_\_\_\_\_, personally known to me or proved to me on the basis of  
satisfactory evidence to be the person(s) who appeared before me. Witness by my hand and  
official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_