

**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:*

**OFFICE OF THE ATTORNEY GENERAL OF IOWA**  
**Attn: AG Revenue Section**  
Hoover State Office Building, 2nd Floor  
1305 E. Walnut Street  
Des Moines, Iowa 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: \_\_\_\_\_