STATE OF ARKANSAS

CONSENT TO SUIT

CERTIFICATION YEAR
2012

***Due On or Before April 30, 2012**

BUSINESS INFORMATION:	
Business Name:	Contact Person:
Address:	City:
State:	Zip Code:
Telephone:	Email:

CONSENT TO SUIT:	
The above-named Non-Participating Manufacturer, does hereby Consent that any action or proceeding against it pursuant to Act 1099 of 1999, ARK. CODE ANN. §§ 26-57-260 and 26-57-261, and Act 1073 of 2003, ARK. CODE ANN. §§ 26-57-1301, *et seq.*, as amended, by the State of Arkansas, may be commenced in any state court of competent jurisdiction within Arkansas.	
Initial:	

REQUIRED DOCUMENTATION:	
☐	Proof of Authority to consent to suit on behalf of the Non-Participating Manufacturer, *e.g.*, a resolution by the Non-Participating Manufacturer specifically agreeing to the consent to suit provision, as well as any required approval by an applicable governmental agency, whether federal, state, county, local, or tribal.
☐	Proof of authority given to the signing party to execute the consent to suit provision.

SIGNATURE:	
Authorized Designee:	Title:
Designee Signature:	Date:

NOTARY:
Subscribed and Sworn Before Me on this Date:
Signature of Notary Public:
City or County of:
My Commission Expires:

MAIL THE COMPLETED CERTIFICATION FORM TO:	
Office of the Arkansas Attorney General ATTN: Tobacco Division 323 Center Street, Suite 200 Little Rock, Arkansas 72201	→ *This form, including attachments, must be received on or before* ***April 30, 2012****.* →*This form will be returned and left unprocessed unless all fields are completed and all required attachments have been received.*