STATE OF ARKANSAS
OFFICE OF THE ATTORNEY GENERAL
LICENSED WHOLESALER QUARTERLY REPORT
(Instructions on reverse side)

Please complete and mail to:

Eric B. Estes
Office of the Attorney General
323 Center Street, Suite 200
Little Rock, AR 72201

Quarterly Reporting Period: _____

Please provide the following information with respect to all cigarettes (including "roll-your-own") that were stamped for sale within this state.

Your Business Name and Address: _____

Fascimile No.: _____ Electronic Address: _____

Contact Person: _____ Telephone: _____

No. of Cigarettes Sold Within State (a)*	Ounces of Roll-Your-Own Tobacco Sold Within State (b)	Brand Name (c)	Manufacturer Name and Address (d)	Name and Address of the Person(s) From Whom Each Brand Was Purchased (e)	Name and Address of the First Importer of Foreign Manufactured Brands (f)

*Do not include roll-your-own tobacco sold in this column.

I certify that the above-stated information is true and correct. _____ _____

Signature Date