



OREGON
CIGARETTE TAX
BOND

Table with 3 rows: FOR DEPARTMENT USE ONLY, Date Received, BIN, License No.

Bond Number _____

_____, of _____
(Name of Principal (licensed distributor)) (Address of Principal)

_____, as principal, and _____
(Name of Surety)

a corporation acting as an authorized surety insurer under Chapter 743 of the Oregon Revised Statutes, with a business at
_____, as surety, owe the
(Address of Surety)

State of Oregon, _____ Dollars (\$ _____), for which payment
principal and surety bind ourselves and our legal representatives and successors, jointly and separately.

The condition of this obligation is that principal has applied to the State of Oregon for one or more cigarette distributor's
or wholesaler's licenses and is required by the provisions of ORS 823.110 to furnish a bond on the terms and conditions set
forth in the Cigarette Tax Act and ORS 743.732 through 743.768.

If principal and all of principal's agents and employees faithfully abide by the provisions of the statutes as shown above,
together with all corrective and supplementary act, then this obligation shall be null and void, otherwise, it shall be in full effect.

This bond shall be continuous and shall remain in effect unless terminated in the manner provided by statute. In
this regard, the surety may exercise its right to withdraw as surety in writing. The withdrawal shall be effective on the first
day of the calendar month after the department receives the notice, if the notice is received on or before the 15th day of the
month. Otherwise the withdrawal shall be effective on the first day of the second calendar month after the department receives
the notice. If the surety wishes to withdraw, the surety shall remain liable for any obligation incurred by the principal prior to
the effective date of the withdrawal regardless of the due date of any tax payment.

This bond shall be effective on and after _____, _____.

Executed this _____ day of _____, _____.

X _____ ()
Signature of Principal Title Telephone Number

X _____ (866)282-6637
Signature of Surety Title Attorney-In-Fact Telephone Number

MAIL TO: CIGARETTE TAX
OREGON DEPARTMENT OF REVENUE
PO BOX 14110
SALEM OR 97309-0910