STATE OF WEST VIRGINIA STATE TAX DEPARTMENT INTERNAL AUDITING DIVISION

P. 0. BOX 2991 CHARLESTON, WEST VIRGINIA 25330



CIGARETTE TAX CREDIT PURCHASE BOND

| KNOW (1) | ALL MEN BY THESE PRESENTS That we, | : | | | | |
|-------------|--|--|---|---|--|---|
| (2) | | | | | | |
| (3) | As principal, and | | | | | |
| (4) | | | | | | |
| (5) | a firm and/or a corporation authorize unto the Sate of West Virginia in the sum of | he just and full | | | | |
| | WHEREAS, the above bo Virginia cigarette stamps and for a Chapter 1 1, Article 17 of the Officia Tax Commissioner promulgated the NOW THEREFORE, if the on all of the said stamps in the ma regulations of the State Tax Commishall remain in full force, virtue an The continuing nature of unless any of the signatories her signatory desiring the cancellation registered notice. This Bond is executed put the State Tax Commissioner promisules and regulation are hereby exited The principal hereby waive Department to release to the suret covered by this bond and accruing | an extension of al Code of West hereunder. said principal sinner and as who missioner promoded effect. his bond is sucleto give written intends to car suant to the propulgated thereus pressly made as the secrecy procession of the propulation of the propulation in the propulation of the propulation | credit on the ta Virginia of 1931 hall truly and fa en so required to ulgated thereur h that it is required notice by reginated this bond so evisions of said noter, and the paragraph of this Bo provisions of We mation necessa | ax due with res , as amended, a ithfully make re by the said Char ider, then this d ired to be renev stered mail to t sixty days after Chapter 1 1, Ar pertinent provisiond. est Virginia Cod ary to file a proo | pect to such stame and rules and regulturn, account for a peter 1 1, Article 17 obligation shall be wed annually on it the other signatoristhe post-marked ticle 17, and rules ons of said Chapter 11-1 0-5(e) and | ps, as provided in lations of the State nd pay the tax due, and the rules and void; otherwise, it is anniversary date es hereto that the date of the written and regulations of er and Article and authorizes the Tax |
| (6) | This bond shall be effective. IN WITNESS WHEREOF said surety has caused its corporate authorized officer or | ve from the the said princip | day of_ al has hereund | er set his or its | 20 hand affixed his o seal to be hereunto | or its seal, and the affixed by its duly |
| (7) | agent and executed this instrur | nent this | day of_ | | ,20 | |
| (10) | Principal Corporate Seal | | (8) | (F | Principal) | (Seal) |
| (13) | Surety Corporate Seal | | | Title (Must be Pres | sident or Vice-Presider | (Seal) |
| (14) Cou | untersigned:(Resident West Virginia | | 1 2) ву: | | | |

| STATE | (Acknowledgeme | ent by Principal if Individual | or Partnership) |
|----------------------------|-------------------------------|---|-------------------------------------|
| | of | | |
| 1, _ | | a Notary Pul | blic in and for the |
| county a | nd state aforesaid, do hereb | y certify that | |
| whose n | ame is signed to the foregoi | ng writing, bearing date the _ | day of |
| | , has | this day acknowledged the sa | ame before me in my said county. |
| Given u | nder my hand this the | day of | ,20 |
| Notary S | Seal | (23) | Notary Public |
| My Com | mission expires on the | day of_ edgement by Principal if Co | Notary Public ,20 |
| STATE | OF(Acknowle | edgement by Principal if Co | rporation) |
| County | of | , to-wit: | |
| 1, _ | | a Notary Pu | blic in and for the |
| county a | and state aforesaid, do hereb | by certify that | |
| who, as | | , signed the foregoing writing | for |
| | | _, a corporation, bearing date | e theday of |
| | | | nty, before me, acknowledged the sa |
| Given u | nder my hand this the | day of | ,20 |
| Notary S | Sea[| (34) | * |
| | | | Notary Public |
| My Com | imission expires on the | day of | ,20 |
| STATE | OF | Acknowledgement for Suret | y) |
| County | of | , to-wif: | |
| 1, _ | | a Notary Pu | blic in and for the |
| county a | and state aforesaid, do hereb | oy certify that | |
| who, as | | , signed the foregoing writing | for |
| | | , a corporation, bearing date | e the day of |
| writing | to be the act and deed of the | , has this day, in my said cou e said corporation. | nty, before me, acknowledged the sa |
| Given u | nder my hand this the | day of | ,20 |
| Notary S | | | Notary Public |
| | | | • |
| | | day of | ,20 |
| ncy in Form ution Appro | and Manner ved | | Attorney General |
| | day of | ,20 | |

IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP:

Complete the bond, lines (1) through (14);

Have Notary complete the applicable section of acknowledgment titled, Acknowledgment by Principal if Individual or Partnership, on the back of bond.

IF PRINCIPAL IS A CORPORATION:

Complete the bond, line (1) through (14);

Have Notary complete the applicable section of acknowledgment titled, Acknowledgment by Principal if Corporation, on the back of bond;

Affix corporate seal as requested on face of bond;

SURETY

Complete applicable portion of bond;

Have Notary complete the applicable section of acknowledgment titled, Acknowledgment by Surety, on the back of the bond:

Attach Power of Attorney to bond if surety signatory is an attorney in fact;

Affix raised Surety Seal to bond and to Power of Attorney.

LINE NUMBER INSTRUCTIONS:

FACE OF BOND CANNOT CONTAIN WHITE-OUTS OR ALTERATIONS. REVERSE OF BOND MAY CONTAIN WHITE-OUTS OR ALTERATIONS PROVIDING CHANGES ARE INITIALED BY NOTARY.

- (1-2) Enter name and address of Principal (Specify individual, partnership, or corporation) to be covered by bond.
- (3-4) Enter name and address of Surety Company issuing bond.
- (5) Enter amount of bond.
- (6) Enter effective date of the bond. (West Virginia Code requires continuation certificate annually on anniversary date).
- (7) Enter execution date of bond (also known as the bearing date of the bond).
- (8) Enter name of the Principal (individual, partnership, or corporation covered by bond).
- (9) If principal is an individual, affix signature. If principal is a corporation, President or Vice-President must sign bond and underline the appropriate title. If bond is to be signed by one other than the President or Vice-President, affix copy of corporate resolutions showing authorization of individual to bind corporation.
- (10) If Principal is a corporation, be sure to affix corporate seal, if not available draw facsimile.
- (11) Enter name of Surety
- (12) Affix signature and title of person having Power of Attorney to bind Surety.
- (13) Affix corporate seal of Surety.
- (14) If Surety's Agent is a non-resident, bond must be countersigned by a West Virginia resident agent.

ACKNOWLEDGMENT PREPARATION INSTRUCTIONS:

IF PRINCIPAL IS AN INDIVIDUAL OR PARTNERSHIP, HAVE NOTARY COMPLETE LINES (15) through (24).

IF PRINCIPAL IS A CORPORATION, HAVE NOTARY COMPLETE LINES (25) through (35).

SURETY MUST HAVE NOTARY COMPLETE LINES (37) through (46).

ACKNOWLEDGMENT BY PRINCIPAL IF INDIVIDUAL OR PARTNERSHIP

| (15) | Enter name of State. |
|------|----------------------|
| (16) | Enter name of County |

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(17) Enter name of Notary Public witnessing transactions.

(18) Enter name of principal covered by bond if individual or partnership.

(19-20) Enter bearing date of bond (also known as execution date). Must be same date entered on line 7 of the bond.

(21) Notary enters date bond was witnessed. May be same as bearing date or any date thereafter.
(22) Affix Notary Seal. If notary is located outside the State of West Virginia, seal must be affixed.

(23) Notary affixes his signature here.

(24) Notary enters commission expiration date.

| (25) | Enter name of State. |
|---------|---|
| (26) | Enter name of County. |
| (27) | Enter name of Notary Public witnessing transactions. |
| (28) | Enter name of Corporate Officer signing bond. |
| | (Should be President or Vice-President). |
| (29) | Enter designate Title of Corporate officer signing bond. |
| (30) | Enter name of Company or Corporation. |
| (30-31) | Enter bearing date of bond (also known as execution date). |
| | Must be same date entered on line 7 of the bond. |
| (32) | Notary enters date bond was witnessed. May be same as bearing date or any date thereafter. |
| (33) | Affix Notary Seal. If notary is located outside the State of West Virginia, seal must be affixed. |
| (34) | Notary affixes his signature here. |
| (35) | Notary enters commission expiration date. |

ACKNOWLEDGMENT BY SURETY

(46)

| (36) | Enter name of State. |
|---------|---|
| (37) | Enter name of County. |
| (38) | Enter name of Notary Public witnessing transactions. |
| (39) | Enter name of person having power of attorney to bind Surety Company. |
| (40) | Designate title of person binding Surety Company. |
| (41) | Enter name of Insurance Company (Surety). |
| (41-42) | Enter bearing date of bond (also known as execution date). |
| | Must be same date entered on line 7 of the bond. |
| (43) | Notary enters date bond was witnessed. May be same as bearing date or any date thereafter. |
| (44) | Affix Notary Seal. If Notary is located outside the State of West Virginia, seal must be affixed. |
| (45) | Notary affixes his signature here. |

POWER OF ATTORNEY INSTRUCTIONS

Notary enters commission expiration date

Power of Attorney for Surety must be attached and it must show that it was in full force and effect on bearing date (execution) indicated on the face of the bond, also the raised corporate seal must be affixed to the Power of Attorney.

Name of attorney in fact must be listed (if attorney is a non-resident, bond must be countersigned by West Virginia resident agent).
Power of Attorney may not exceed imposed limitations.
Certificate date must be the execution date (bearing date) of the bond.

Signature of authorizing official must be affixed. (Signature may be facsimile).

Raised seal must be affixed.

SURETY BOND APPLICATION

| AGENCY NAME: | AGENCY CONTACT | | | | |
|--|---------------------|---|----------------------|------------|---------------|
| AGENCY PHONE: | AGENCY FA | X : | | | |
| AGENCY ADDRESS: | | | | | |
| (Street) | NE LOOVING TO DEAT | | (City) | (State) | (Zip) |
| CURRENT OR EXPIRING QUOTE WE AI | RE LOOKING TO BEAT? | | | | |
| NAME OF PREVIOUS SURETY COMPAN | NY WRITING THE BOND | ? | | | |
| SECTION I: BOND APPLIED FOR: TYPE OF BOND: | | AMOUNT: | | | |
| OBLICEE: | | | EXP.DA | | |
| OBLIGEE ADDRESS: (Street) | | | | | |
| (Street) BUSINESS NAME: | | (City) | (State) | | (Zip) |
| BUSINESS PHONE: | BUSINESS FAX: | | Client E-mail | | |
| BUSINESS ADDRESS: | | | | | |
| TYPE OF COMPANY CORP LLC | DBA PARTNERS | (City) HIP HOW MANY (| (State) | | (Zip) |
| DATE BUSINESS ESTABLISHED: | BUSIN | NESS TAX ID: | | | _ |
| HAS ANY COMPANY REFUSED TO ISSUE | | | ENS, CLAIMS, OR JUDG | SEMENTS | YES 🗌 NO 🔲 |
| BONDS FOR ANY PURPOSE? | | SAINST YOU? | | · ^ | YES NO |
| HAS APPLICANT EVER FAILED IN BUSIN | ESS! TES NO HA | AS APPLICANT EVE | R FILED BANKRUPTCY | ? | 153 17 110 17 |
| SECTION II: GENERAL INFORMATION | | | | | |
| OWNER'S NAME: | | SPOUSE NAME | | | |
| SS#:SP | OUSE SS# | но | ME PHONE: | | |
| RESIDENTIAL ADDRESS:(Street) | | | | | |
| ADDITIONAL OWNERS / PARTNERS | | (City) | (State) | | (Zip) |
| OWNER'S NAME: | | SPOUSE NAME | | | |
| SS#:SP | OUSE SS# | но | ME PHONE: | | |
| RESIDENTIAL ADDRESS: | | | | | |
| (Street) | | (City) | (State) | | (Zip) |
| PERSONAL FINAN ASSETS | ICIALSTATEMENT OF A | SSETS & LIABILIT. LIABILITII | | | |
| CASH IN BANK | \$ | NOTES PAYABLE | | - I \$ | |
| CASH ON HAND | \$ | NOTES PAYABLE | TO OTHERS | \$ | |
| STOCKS & BONDS | \$ | ACCOUNTS PAYA | ABLE | \$ | |
| ACCOUNTS RECEIVABLE | \$ | FEDERAL & STAT | E INCOME TAX DUE | \$ | |
| NOTES RECEIVABLE | \$ | ALL OTHER TAXES ACCRUALS, PAYROLLS, ETC. DUE ON EQUIPMENT DUE ON REAL ESTATE OTHER LIABILITIES CAPITAL STOCK (IF A CORPORATION) | | \$ | |
| INVENTORY | \$ | | | \$ | |
| CASH VALUE OF LIFE INSURANCE | \$ | | | \$ | |
| EQUIPMENT | \$ | | | \$ | |
| REAL ESTATE | \$ | | | \$ | |
| OTHER ASSETS | \$ | | | \$ | |
| | | SURPLUS & UND | VIDED PROFITS | \$ | |
| | | | | | |
| TOTAL ASSETS | \$ | TOTAL LIABILITIE | :S | \$ | |
| | | NET WORTH | | \$ | |
| NAME OF OWNERS | NAME & TITLE O | F OFFICERS | PERCENTAGE OF OV | WNERSHIP | |
| | | | | | |
| | | | | | |
| | | | | | |

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235