

From: [Kennedy, Rosemary](#)
To: [Steven Robinson](#)
Cc: [Mishaan, Jessica](#); [Metivier, Jacob](#)
Subject: Cogency Global Public Record Request 2476399
Date: Friday, September 20, 2024 11:20:35 AM
Attachments: [PRR Cogency Global RK 2024 09 20 \(003\).pdf](#)
[Cogency Global 1.pdf](#)
[Cogency Global 2.pdf](#)
[Cogency Global 3.pdf](#)
[Cogency Global 4.pdf](#)
[RE 2476399 FOIA to VT AG.msg](#)

Hi Steve,

Please see our attached cover letter and documents in response to your Public Records request.

Thank you,

Rose

Rosemary M. Kennedy (*she pronouns*)

Assistant Attorney General

109 State Street

Montpelier, Vermont 05609-1001

PRIVILEGED & CONFIDENTIAL COMMUNICATION: This email may contain confidential, privileged, and/or sensitive law enforcement information. DO NOT read, copy, or disseminate this communication unless you are the intended recipient. Unauthorized copying, forwarding, disclosure, or distribution of this email or its contents, or taking any action in reliance on the contents of this email are prohibited. If you are not the intended recipient or have received this email in error please notify the sender immediately via email or by calling 802.828.6906, and destroy the email.

**CHARITY R. CLARK
ATTORNEY GENERAL**

TEL: (802) 828-3171

www.ago.vermont.gov



**STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER, VT
05609-1001**

September 20, 2024

Mr. Steve Robinson
Cogency Global
1025 Connecticut Ave., N.W., Ste. 712
Washington, DC 20036

Via email: srobinson@kogencyglobal.com

Re: Public Records Request

Dear Steve:

I write in response to your Public Records Act request pursuant to 1 V.S.A §§ 315-320, received on August 29, 2024, and discussed and amended via emails exchanged on September 3 and 10, 2024. Specifically, that Vermont's Approved-for -Sale lists would suffice but that you also sought information regarding Wind River's ability to sell brands "American Bison" and "Nashville" in Vermont dating back to 2004. Attached please find 4 pdfs containing a total of 38 pages of documents that we believe are responsive to your request. You should have received a separate email on September 16, 2024, from Jonathan Goddard that included Vermont's Approved-for-Sale lists from 2009 to the present. As I mentioned in our email exchange, it appears that many documents before 2009 were not stored digitally. We have attempted to search through approximately 30 boxes, but to date, we believe that these attached pdfs are the only additional documents that answer your questions.

Should you believe information has been withheld in error, you may appeal to Deputy Attorney General, Robert McDougall. Such appeal should be in writing and addressed as follows:

Robert McDougall
Deputy Attorney General
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001

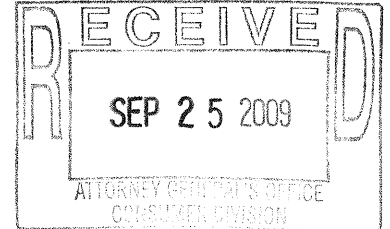
If I can be of further assistance, please let me know.

Sincerely,

/s/ Rosemary M. Kennedy
Assistant Attorney General
EPP Division
Office of the Attorney General
109 State Street
Montpelier, VT 05609-1001



September 21, 2009



Via Facsimile and Regular Mail

Office of the Attorney General
Helen E. Wagner
Assistant Attorney General
109 State Street
Montpelier, VT 05609-1001
FX: 802-828-2154

Re: Family Smoking Prevention and Tobacco Control Act

Wind River Tobacco is authorizing the following tobacco to be removed from your directory in accordance with the Family Smoking Prevention and Tobacco Control Act. These blends all included flavoring that would change the characteristics of the tobacco product.

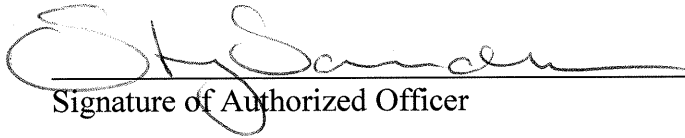
Brand	Brand Style	Description	Size	Container
CUSTOM BLENDS RYO	#38	Hazelnut	6 oz	Bag
	#40	Honey	6 oz	Bag
	#41	Vanilla	6 oz	Bag
	#42	Cherry	6 oz	Bag
	#43	Chocolate	6 oz	Bag
	#48	Orange Cream	6 oz	Bag

Wind River Tobacco does NOT authorize removal of the following brands and styles. These brand and styles do not contain, as a constituent or additive, an artificial or natural flavor other than tobacco or menthol that is a characterizing flavor of the tobacco or tobacco smoke.

Brand	Brand Style	Description	Size	Container
AMERICAN BISON RYO			5.29 oz	Can
AMERICAN BISON RYO			1.41 oz	Pouch
CANOE RYO	Halfzware	Additive Free Natural	6 oz	Bag
CANOE RYO	English Blend	Additive Free Natural	6 oz	Bag
CUSTOM BLENDS RYO	#1	Mild	6 oz	Bag
	#2	Full Flavor Turkish	6 oz	Bag
	#3	English	6 oz	Bag
	#4	Menthol	6 oz	Bag
	#5	Mild Menthol	6 oz	Bag
	#6	Menthol	6 oz	Bag
	#7	American Blend	6 oz	Bag
	#8	Mild Menthol	6 oz	Bag
	#9	Ultra Mild	6 oz	Bag
	#10	Menthol	6 oz	Bag
	#11	Regular	6 oz	Bag
	#12	Menthol	6 oz	Bag
	#14	Light Turkish	6 oz	Bag
	#16	Halfzware	6 oz	Bag
	#18	English 1	6 oz	Bag
	#20	Menthol	6 oz	Bag
	#21	Ultra Light	6 oz	Bag
	#23	Turkish Menthol Light	6 oz	Bag
	#24	Turkish	6 oz	Bag
	#25	Full Flavor American	6 oz	Bag
	#26	Light	6 oz	Bag
	#27	Value Menthol Light	6 oz	Bag
	#28	All Natural	6 oz	Bag
	#33	Full Flavor Turkish Menthol	6 oz	Bag
	#34	Perique	6 oz	Bag
	#35	Arapiraca	6 oz	Bag
	#36	Value Light	6 oz	Bag
NASHVILLE RYO	Full Flavor	Full Flavor	6 oz	Can
NASHVILLE RYO	Menthol	Menthol	6 oz	Can
TETON RYO	Regular	Regular	6 oz, 16 oz	Bag
TETON RYO	Mild	Mild	6 oz, 16 oz	Bag
TETON RYO	Ultra Mild	Ultra Mild	6 oz, 16 oz	Bag
TETON RYO	Menthol	Menthol	6 oz, 16 oz	Bag
TETON RYO	Mild Menthol	Mild Menthol	6 oz, 16 oz	Bag
TETON RYO	Ultra-Mild Menthol	Ultra-Mild Menthol	6 oz, 16 oz	Bag
TETON RYO	Natural	Natural	6 oz, 16 oz	Bag

Stacy Saunders
Name of Authorized Officer

Chief Operating Officer
Title


Signature of Authorized Officer

9-21-09
Date

Subscribed and sworn before me on this date:

September 21, 2009

Signature of Notary Public:

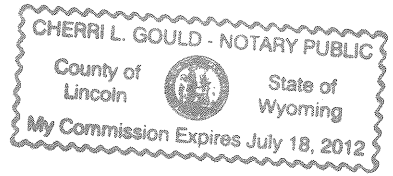
Cherri L. Gould

Country and City or County of:

USA, Teton County

My Commission Expires:

July 18, 2012



The following Tobacco Directory notice is sent to you by the Office of Vermont Attorney General Bill Sorrell. This site does not accept e-mail.

STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL

DIRECTORY OF MANUFACTURERS AND BRAND FAMILIES COMPLIANT
WITH 33 V.S.A. CHAPTER 19, SUBCHAPTERS 1-A AND 1-B

May 12, 2008

NOTICE OF DIRECTORY DELETIONS

Effective June 12, 2008

The following Brands will be **REMOVED** from the Vermont Tobacco Directory, effective June 12, 2008

Manufacturer: Wind River Tobacco Company (Participating Manufacturer)

Brand Family: Nashville (cigarettes)
American Bison (cigarettes)

Manufacturer: U.S. Flue Cured Tobacco Growers, Inc. (Participating Manufacturer)

Brand Family: Creston
Fact
Kick
Passport
Traffic
Wellstone

For further information regarding directory or website changes please contact Assistant Attorney General Evelyn Marcus at (802) 828-1422 or emarcus@atg.state.vt.us.

Please forward this message to those you think would be interested. They can receive the service directly by sending an email to: tobacodirnote-request@list.state.vt.us; putting only the word SUBSCRIBE in the body of the email (not the subject line).

WILLIAM H. SORRELL
ATTORNEY GENERAL
JANET C. MURNANE
DEPUTY ATTORNEY GENERAL
WILLIAM E. GRIFFIN
CHIEF ASST. ATTORNEY GENERAL



TEL.: (802) 828-3171
FAX: (802) 828-2154
TTY: (802) 828-3665
CIVIL RIGHTS: (802) 828-3657

<http://www.state.vt.us/atg>

STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER
05609-1001

February 13, 2006

Wind River Tobacco Company, LLC
Bradson R. Abrams, Mng. Member
P. O. Box 4600
Jackson Hole, Wyoming 83001

Re: *Vermont Fire-Safe Cigarettes -- Directory Updates and Revisions*

Dear Sir or Madam:

This letter is being sent to all tobacco product manufacturers currently listed on the Directory of Tobacco Products Approved for Sale in Vermont, to notify you of a new state law applicable to cigarettes, and remind you of existing certification requirements.

The Vermont Department of Public Safety, Division of Fire Safety, recently sent you notification and information regarding Vermont's fire-safe cigarettes law, 20 V.S.A. §2756 et seq. This statute will take effect on May 1, 2006. It prohibits the manufacture, sale, or offering for sale in Vermont of any cigarette that does not (1) meet specified fire-safe (reduced ignition propensity) standards; and (2) display required product markings, as set forth in the statute. All manufacturers who wish to have their cigarettes approved for sale in Vermont under this law must submit the statutorily required information regarding product testing and package markings to the Division of Fire Safety by **April 1, 2006**. More information on these requirements is available on the website of the Department of Public Safety, www.dps.state.vt.us/fire/cigarettes/index.html.

All manufacturers still must file with the Attorney General's Office their annual Tobacco Product Manufacturers Certification pursuant to 33 V.S.A. Chapter 19, Subchapter 1B, by **April 30, 2006**. NPMs also need to file annual escrow certificates of compliance by that date. The Attorney General's Office maintains on its website a directory listing all tobacco product manufacturers that have provided current and accurate certifications conforming to the requirements of 33 VSA Chapter 19, Subchapters 1A and 1B. See [http://www.atg.state.vt.us/upload/1138030609 Tobacco Product Directory.htm](http://www.atg.state.vt.us/upload/1138030609_Tobacco_Product_Directory.htm). Cigarettes and roll-your-own tobacco products not listed on the Attorney General's directory of compliant manufacturers and brands are not legal for sale in Vermont.

This office will be posting an additional listing of cigarette brands that meet Vermont's fire-safe cigarette requirements. Cigarettes, to be legal for sale in Vermont, must meet all applicable requirements of both the fire-safe statute and 33 VSA Chapter 19, Subchapters 1A and 1B.

For more information regarding the fire-safe cigarettes requirements, please contact Bob Howe at the Division of Fire Safety, (802) 479-7566. Feel free to contact me if you have other questions related to Vermont's directory.

Sincerely,



Christy Mihaly
Special Assistant Attorney General

cc: Bob Howe



OFFICE OF THE ATTORNEY GENERAL
 Tobacco Unit/NPM Enforcement
 109 State Street
 Montpelier, Vermont 05609-1001
 Phone: (802) 828-1422

**TOBACCO PRODUCT MANUFACTURERS CERTIFICATION
 PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1-B**

Part 1: Tobacco Product Manufacturer Identification

Name of Company: Wind River Tobacco Co.

Physical Address (street address only, no post office box): See attachment 1

Mailing Address (if different from above): P.O. Box 4600
JACKSON WY 83001

Phone: 307-733-3878 Fax: 307-733-3899

Email: wrtco@msn.com

Name/Title of Person Completing Report: Cherri Gould- Admin. Assistant

Manufacturing Plant Name and Physical Address (if different from above):

See attachment 2 Plant Phone: _____

Name of Plant Manager: _____

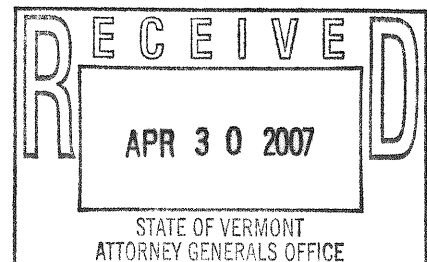
The undersigned certifies that, as of the date of this Certification, the above-named Tobacco Product Manufacturer is: (initial one)

[Signature] **A Participating Manufacturer in full compliance with the Tobacco Master Settlement Agreement**

_____ **A Nonparticipating Tobacco Product Manufacturer in full compliance with 33 V.S.A., Chapter 19, Subchapters 1-A and 1-B.**

Part 2: Sales Year

TPM Certification for Vermont Sales in: 2007



Part 3: PM Brand Identification
(To be completed by Participating Manufacturers only)

Brand Family*	Brand Style <i>(Indicate whether Cigarette or Roll-your-own)</i>
See attachment A	

*By listing a Brand Family in its Certification, the Participating Manufacturer affirms that the Brand Family is its cigarettes for the purpose of calculating payments under the Master Settlement Agreement for the Sales Year, in the volume and shares determined pursuant to the Master Settlement Agreement. Nothing in this Certification shall limit or otherwise affect the State’s right to maintain that a Brand Family constitutes cigarettes of a different tobacco product manufacturer for purposes of calculating payment under the Master Settlement Agreement.

Part 4: Non-Participating Manufacturer Brand Identification
(To be completed by Non-Participating Manufacturers only)

BRAND FAMILY	BRAND STYLE <i>(Indicate whether Cigarette or Roll-your-own)</i>	DISTRIBUTOR LICENSED TO SELL IN VERMONT <i>("Stamping Agent")</i>	UNITS SOLD— SALES YEAR <i>(Sticks or RYO equivalent)</i>	UNITS SOLD— CURRENT YEAR <i>(Sticks or RYO equivalent)</i>	OTHER MANUFACTURER** <i>(name & address)</i>

** Identify other manufacturers, including any other current or previous fabricators of any Brand Families or Brand Styles listed on this Certification.

Part 5: Modifications to the Vermont Directory

(To be completed by Participating and Non-Participating Manufacturers)

Brands requested for listing in Vermont Directory:

Same as above

To be added:

To be deleted:

Part 6: Non-Participating Manufacturer Certification

(To be completed by Non-Participating Manufacturers only)

A. Registered Agent / Approved Agent for service of process

The Tobacco Product Manufacturer identified above, as of the date of this Certification, certifies that it:
(initial one)

_____ Is registered to do business in Vermont with the Vermont Secretary of State

_____ Has appointed a Vermont agent for service of process in the State of Vermont as identified below, and has submitted to the Attorney General:

1. Proof of the appointment, effective for at least one year from the date of this Certification, and
2. The agent's acceptance of the appointment

Agent Name: _____

Company: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

tobacco products in Vermont. I understand that the Attorney General may require additional information and/or documentation to determine if the Tobacco Product Manufacturer qualifies for listing in the Vermont Tobacco Directory and to determine that the assurances herein are true, correct, and complete; I agree to provide such information upon request, and I understand that failure to do so may constitute grounds for exclusion from the Vermont Tobacco Directory.

Designee (*Print Name*): Stacy Saunders

Title: C.O.O.

Signature of Designee: *Stacy Saunders* Date: 4-23-07

Subscribed and sworn to before me on this date: April 23, 2007

Signature of Notary Public: *Cherri L. Gould*

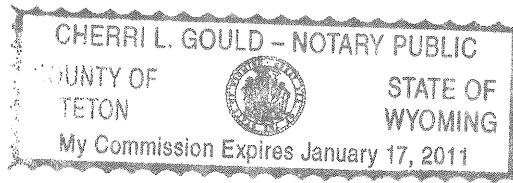
City of Jackson County of Teton

State of Wyoming

Country: USA

My Commission expires: January 17, 2011

Seal:



Mail the original Certification and copies of all supporting documents to:

**Evelyn Marcus
Assistant Attorney General
Office of the Attorney General of Vermont
109 State Street
Montpelier, Vermont 05609-1001**

Revised February 26, 2007

Attachment 1

Wind River Tobacco Corporate Offices: 1315 South Hwy 89 Suite 202 Jackson, WY 83001

Wind River Tobacco Factory: 1180 Gregory Lane Suite 5 Jackson, WY 83001

Wind River Tobacco Factory: 215 Evergreen Drive Springfield, TN 37172

Attachment 2

Plant Name and Physical Address:

Wind River Tobacco Company
1180 Gregory Lane Suite 5 Jackson, WY 83001
Phone: 307-733-4260
Fax: 307-733-4621
Name: Cherri Gould
Brands: American Bison RYO, Canoe RYO, Custom Blends RYO, Nashville RYO and Teton RYO

Plant Name and Physical Address:

Wind River Tobacco Company
215 Evergreen Drive Springfield, TN 37172
Phone: 615-382-4124
Fax: N/A
Name: Bill Maksymowicz
Brands: American Bison RYO, Canoe RYO, Custom Blends RYO, Nashville RYO and Teton RYO

Cigarette Fabricator for Wind River Tobacco Company:

US Flue-Cured Tobacco Growers Inc
1304 Annapolis Drive
Raleigh, NC 27608
Brands: American Bison Cigarettes, Nashville Cigarettes

Attachment A

Wind River Tobacco Company LLC.

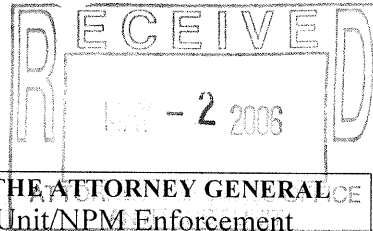
P.O Box 4600

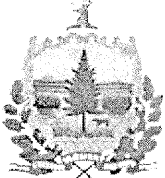
Jackson, WY 83001

PH: 307-733-3878

FX: 307-733-3899

A. Brand	B. Brand Style	C. Size	D. Container
AMERICAN BISON Cigarettes	Regular - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON Cigarettes	Light - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON RYO		5.29 oz	Can
AMERICAN BISON RYO		1.41 oz	Pouch
CANOE RYO	Halfzware - Additive Free Natural		
CANOE RYO	English Blend - Additive Free Natural		
Custom Blends RYO	Blends #1-50		
NASHVILLE Cigarettes	Full Flavor	King Size	Filter, Hard box
	Light	King Size	Filter, Hard box
	Ultra Light	King Size	Filter, Hard box
	Menthol	King Size	Filter, Hard box
	Menthol Light	King Size	Filter, Hard box
	Full Flavor	King Size	Non-filter, Hard box
	Full Flavor	King Size	Filter, Soft pack
	Light	King Size	Filter, Soft pack
	Ultra Light	King Size	Filter, Soft pack
	Menthol	King Size	Filter, Soft pack
	Menthol Light	King Size	Filter, Soft pack
	Full Flavor	King Size	Non-filter, Soft pack
	Full Flavor	100's	Filter, Hard box
	Light	100's	Filter, Hard box
	Ultra Light	100's	Filter, Hard box
	Menthol	100's	Filter, Hard box
	Menthol Light	100's	Filter, Hard box
	Full Flavor	100's	Filter, Soft pack
	Light	100's	Filter, Soft pack
	Ultra Light	100's	Filter, Soft pack
	Menthol	100's	Filter, Soft pack
	Menthol Light	100's	Filter, Soft pack
NASHVILLE RYO		6 oz	Can
TETON RYO	Regular		
TETON RYO	Mild		
TETON RYO	Ultra Mild		
TETON RYO	Menthol		
TETON RYO	Mild Menthol		



	OFFICE OF THE ATTORNEY GENERAL Tobacco Unit/NPM Enforcement 109 State Street Montpelier, Vermont 05609-1001 Phone: (802) 751.0470
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**TOBACCO PRODUCT MANUFACTURERS CERTIFICATION
PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1B**

Part 1: Tobacco Product Manufacturer Identification

Name of Company: Wind River Tobacco Company LLC

Physical Address (street address only, no post office box): 1180 Gregory Lane
Suite 5 Jackson, WY 83001

Mailing Address (if different from above): P.O. Box 4600 Jackson
WY 83001

Phone: 307-733-3878 Fax: 307-733-3899

Email: wrtco@man.com

Name/Title of Person Completing Report: Stacy Saunders - O.P. & Chief
Operating Officer

Manufacturing Plant Name and Physical Address (if different from above): NAT Sherman Manufacto
7615 Boering Drive Greensboro NC 27409 Plant Phone: 336-665-6060

Name of Plant Manager: Herb Fincher

The undersigned certifies that, as of the date of this Certification, the above-named Tobacco Product Manufacturer is: (initial one)

A Participating Manufacturer under the Tobacco Master Settlement Agreement

A Nonparticipating Tobacco Product Manufacturer in full compliance with 33 V.S.A. Chapter 19, Subchapters 1A and 1B.

NOTE: If the applicant certifies above that it is a Nonparticipating Tobacco Product Manufacturer, it certifies that it is the fabricator of the brands listed in this Certification.

Part 2: Sales Year

Year of Sales for this Certificate of Compliance is: 2006
(Please complete a separate certification for each year of sales)

Part 3: Brand Family Identification
(Participating Manufacturers complete A & B; Nonparticipating Manufacturers complete A through E. Attach additional sheets if necessary.)

A. Brand Family ¹	B. Brand Name	C. Units Sold In VT Preceding Yr	D. Units Sold In VT Current Yr	E. Other Manufacturer That Manufactured In Preceding or Current Year (name & address)
See "Attachment A"				

Part 4: Nonparticipating Manufacturer Certification

A. Registered Agent / Approved Agent for service of process

The Tobacco Product Manufacturer identified above, as of the date of this Certification:
certifies that it (initial one)

_____ Is registered to do business in Vermont with the Vermont Secretary of State

¹ Indicate with an asterisk (*) those brands that are no longer being sold in Vermont

_____ Has appointed a Vermont agent for service of process in the State of Vermont as identified below, and has submitted proof of that appointment to the Attorney General:

Agent Name: _____

Company: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

B. Qualified Escrow Fund – Financial Institution

Name of Institution: _____

Address: _____

Representative Name: _____

Phone: _____ FAX: _____

Escrow Acct No: _____

State Account No: _____

(NOTE that a copy of the Escrow Agreement governing the Fund must be on file with the Attorney General or should be submitted herewith.)

C. Escrow Deposit/Withdrawal History for Vermont

Date	Deposit	Withdrawal ²	Balance

(Initial certification should include a complete history; annual certifications thereafter should include only account deposits and withdrawals during the preceding sales year.)

Part 5. Execution by Authorized Designee

² Withdrawals must comply with 33 V.S.A. §1914(b). Verification of compliance must be provided.

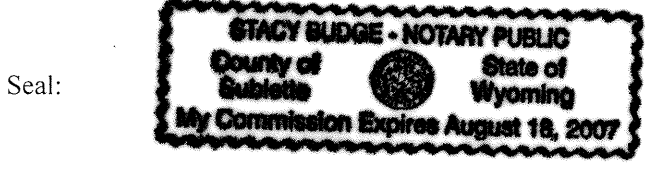
Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including any accompanying statements or attachments hereto, are true, correct, accurate and complete and that I am an officer or director of the Tobacco Product Manufacturer making this Certification and am a person authorized to bind the Tobacco Product Manufacturer either under the laws of the State of Vermont or the jurisdiction where the manufacturer resides or is organized..

Designee (Print Name): BRADSON R. ABERNETHY Title: MANAGER
Signature of Designee: [Signature] Date: 4-25-2006

Subscribed and sworn to before me on this date: April 25, 2006

Signature of Notary Public: [Signature]
City of Bondurant County of Sublette State of Wyoming
Country: USA

My Commission expires: August 18, 2007



Mail the original Certification and a complete copy of all supporting documents to:

Christy Mihaly
Special Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, Vermont 05609-1001

Attachment A

Wind River Tobacco Company LLC.

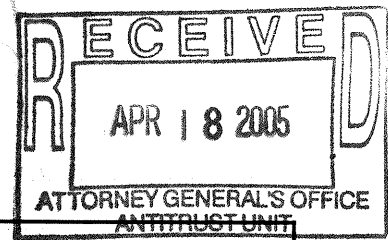
P.O Box 4600

Jackson, WY 83001

PH: 307-733-3878

FX: 307-733-3899

<u>A. Brand</u>	<u>B. Brand Style</u>	<u>C. Size</u>	<u>D. Container</u>
AMERICAN BISON Cigarettes	Regular - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON Cigarettes	Light - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON RYO			
CANOE RYO	Halfzware - Additive Free Natural		
CANOE RYO	English Blend - Additive Free Natural		
Custom Blends RYO	Blends #1-50		
NASHVILLE Cigarettes	Full Flavor	King Size	Filter, Hard box
	Light	King Size	Filter, Hard box
	Ultra Light	King Size	Filter, Hard box
	Menthol	King Size	Filter, Hard box
	Menthol Light	King Size	Filter, Hard box
	Full Flavor	King Size	Non-filter, Hard box
	Full Flavor	King Size	Filter, Soft pack
	Light	King Size	Filter, Soft pack
	Ultra Light	King Size	Filter, Soft pack
	Menthol	King Size	Filter, Soft pack
	Menthol Light	King Size	Filter, Soft pack
	Full Flavor	King Size	Non-filter, Soft pack
	Full Flavor	100's	Filter, Hard box
	Light	100's	Filter, Hard box
	Ultra Light	100's	Filter, Hard box
	Menthol	100's	Filter, Hard box
	Menthol Light	100's	Filter, Hard box
	Full Flavor	100's	Filter, Soft pack
	Light	100's	Filter, Soft pack
	Ultra Light	100's	Filter, Soft pack
	Menthol	100's	Filter, Soft pack
	Menthol Light	100's	Filter, Soft pack
NASHVILLE RYO			
TETON RYO	Regular		
TETON RYO	Mild		
TETON RYO	Ultra Mild		
TETON RYO	Menthol		
TETON RYO	Mild Menthol		



OFFICE OF THE ATTORNEY GENERAL
 Tobacco Unit/NPM Enforcement
 109 State Street
 Montpelier, Vermont 05609-1001
 Phone: (802) 751.0470

**TOBACCO PRODUCT MANUFACTURERS CERTIFICATION
 PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1B**

Part 1: Tobacco Product Manufacturer Identification

Name of Company: Wind River Tobacco Company LLC

Physical Address (street address only, no post office box): 1180 Gregory Lane,
 Suite 5 Jackson, WY 83001

Mailing Address (if different from above): P.O. Box 4600
 Jackson, WY 83001

Phone: 307-733-3878 Fax: 307-733-3899

Email: wrtco@msn.com

Name/Title of Person Completing Report: Stacy Saunders - Mkt & Sales
 Manager

Manufacturing Plant Name and Physical Address (if different from above): PTM Technologies Inc

195 Ben Duggins Dr. Plant Phone: 336-751-4818

Name of Plant Manager: Calvin Phelps (CIGARETTES ONLY)

The undersigned certifies that, as of the date of this Certification, the above-named Tobacco Product Manufacturer is: (initial one)

A Participating Manufacturer under the Tobacco Master Settlement Agreement

A Nonparticipating Tobacco Product Manufacturer in full compliance with 33 V.S.A. Chapter 19, Subchapters 1A and 1B.

NOTE: If the applicant certifies above that it is a Nonparticipating Tobacco Product Manufacturer, it certifies that it is the fabricator of the brands listed in this Certification.

Part 2: Sales Year

Year of Sales for this Certificate of Compliance is: 2005
 (Please complete a separate certification for each year of sales)

Part 3: Brand Family Identification
 (Participating Manufacturers complete A & B; Nonparticipating Manufacturers complete A through E. Attach additional sheets if necessary.)

A. Brand Family ¹	B. Brand Name	C. Units Sold In VT Preceding Yr	D. Units Sold In VT Current Yr	E. Other Manufacturer That Manufactured In Preceding or Current Year (name & address)
See Attachment				
Exhibit A				

Part 4: Nonparticipating Manufacturer Certification

A. Registered Agent / Approved Agent for service of process

The Tobacco Product Manufacturer identified above, as of the date of this Certification: certifies that it (initial one)

¹ Indicate with an asterisk (*) those brands that are no longer being sold in Vermont

_____ Is registered to do business in Vermont with the Vermont Secretary of State

_____ Has appointed a Vermont agent for service of process in the State of Vermont as identified below, and has submitted proof of that appointment to the Attorney General:

Agent Name: _____

Company: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

B. Qualified Escrow Fund – Financial Institution

Name of Institution: _____

Address: _____

Representative Name: _____

Phone: _____ FAX: _____

Escrow Acct No: _____

State Account No: _____

(NOTE that a copy of the Escrow Agreement governing the Fund must be on file with the Attorney General or should be submitted herewith.)

C. Escrow Deposit/Withdrawal History for Vermont

Date	Deposit	Withdrawal ²	Balance

(Initial certification should include a complete history; annual certifications thereafter should include only account deposits and withdrawals during the preceding sales year.)

_____ ² Withdrawals must comply with 33 V.S.A. §1914(b). Verification of compliance must be provided.

Part 5. Execution by Authorized Designee

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including any accompanying statements or attachments hereto, are true, correct, accurate and complete and that I am an officer or director of the Tobacco Product Manufacturer making this Certification and am a person authorized to bind the Tobacco Product Manufacturer either under the laws of the State of Vermont or the jurisdiction where the manufacturer resides or is organized..

Designee (Print Name): BRASSON L. ABRAMS Title: MANAGER MEMBER
Signature of Designee: [Signature] Date: 4-8-2005

Subscribed and sworn to before me on this date: APRIL 8, 2007

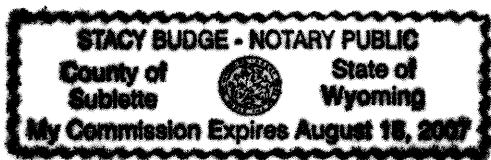
Signature of Notary Public: [Signature]

City of Jackson County of Teton State of Wyoming

Country: USA

My Commission expires: August 18, 2007

Seal:



Mail the original Certification and a complete copy of all supporting documents to:

Dinah Yessne
Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, Vermont 05609-1001

EXHIBIT A

Wind River Tobacco Company LLC.

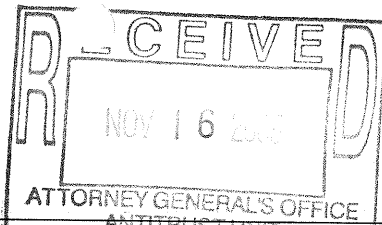
P.O Box 4600

Jackson, WY 83001

PH: 307-733-3878

FX: 307-733-3899

<u>A. Brand</u>	<u>B. Brand Style</u>	<u>C. Size</u>	<u>D. Container</u>
AMERICAN BISON Cigarettes	Regular - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON Cigarettes	Light - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON RYO			
CANOE RYO	Halfzware - Additive Free Natural		
CANOE RYO	English Blend - Additive Free Natural		
TETON RYO	Regular		
TETON RYO	Mild		
TETON RYO	Ultra Mild		
TETON RYO	Menthol		
TETON RYO	Mild Menthol		



OFFICE OF THE ATTORNEY GENERAL
 Tobacco Unit/NPM Enforcement
 109 State Street
 Montpelier, Vermont 05609-1001
 Phone: (802) 751.0470

**TOBACCO PRODUCT MANUFACTURERS CERTIFICATION
 PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1B**

Part 1: Tobacco Product Manufacturer Identification

Name of Company: Wind River Tobacco Company LLC
 Physical Address (street address only, no post office box): 1180 Gregory Lane
Suite 5, Jackson, VT 83001
 Mailing Address (if different from above): P.O. Box 4600
Jackson, VT 83001
 Phone: 307-733-3878 Fax: 307-733-3899
 Email: wortco@msn.com
 Name/Title of Person Completing Report: Stacy Saunders - Marketing & Sales

Manufacturing Plant Name and Physical Address (if different from above): _____

Plant Phone: 307-733-3878

Name of Plant Manager: Stacy Saunders

The undersigned certifies that, as of the date of this Certification, the above-named Tobacco Product Manufacturer is: (initial one)

A Participating Manufacturer under the Tobacco Master Settlement Agreement

A Nonparticipating Tobacco Product Manufacturer in full compliance with 33 V.S.A. Chapter 19, Subchapters 1A and 1B.

NOTE: If the applicant certifies above that it is a Nonparticipating Tobacco Product Manufacturer, it certifies that it is the fabricator of the brands listed in this Certification.

Part 2: Sales Year

Year of Sales for this Certificate of Compliance is: 2005
 (Please complete a separate certification for each year of sales)

Part 3: Brand Family Identification
 (Participating Manufacturers complete A & B; Nonparticipating Manufacturers complete A through E. Attach additional sheets if necessary.)

A. Brand Family ¹	B. Brand Name	C. Units Sold In VT Preceding Yr	D. Units Sold In VT Current Yr	E. Other Manufacturer That Manufactured In Preceding or Current Year (name & address)
See				
Exhibit A				

Part 4: Nonparticipating Manufacturer Certification

A. Registered Agent / Approved Agent for service of process

The Tobacco Product Manufacturer identified above, as of the date of this Certification: certifies that it (initial one)

_____ Is registered to do business in Vermont with the Vermont Secretary of State

¹ Indicate with an asterisk (*) those brands that are no longer being sold in Vermont

_____ Has appointed a Vermont agent for service of process in the State of Vermont as identified below, and has submitted proof of that appointment to the Attorney General:

Agent Name: _____
Company: _____
Address: _____
Phone: _____ FAX: _____
Email: _____

B. Qualified Escrow Fund – Financial Institution

Name of Institution: _____
Address: _____
Representative Name: _____
Phone: _____ FAX: _____
Escrow Acct No: _____
State Account No: _____

(NOTE that a copy of the Escrow Agreement governing the Fund must be on file with the Attorney General or should be submitted herewith.)

C. Escrow Deposit/Withdrawal History for Vermont

Date	Deposit	Withdrawal ²	Balance

(Initial certification should include a complete history; annual certifications thereafter should include only account deposits and withdrawals during the preceding sales year.)

Part 5. Execution by Authorized Designee

² Withdrawals must comply with 33 V.S.A. §1914(b). Verification of compliance must be provided.

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including any accompanying statements or attachments hereto, are true, correct, accurate and complete and that I am an officer or director of the Tobacco Product Manufacturer making this Certification and am a person authorized to bind the Tobacco Product Manufacturer either under the laws of the State of Vermont or the jurisdiction where the manufacturer resides or is organized..

Designee (Print Name): Bradson Abrams Title: Managing Member
Signature of Designee: Paul R. Jones Date: 11-3-2005

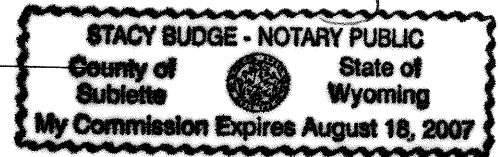
Subscribed and sworn to before me on this date: November 3, 2005

Signature of Notary Public: Stacy Budge

City of Bondurant County of Sublette State of Wyoming

Country: USA

My Commission expires: August 18, 2007



Seal:

Mail the original Certification and a complete copy of all supporting documents to:

Christy Mihaly
Special Assistant Attorney General
Office of the Attorney General
109 State Street
Montpelier, Vermont 05609-1001

EXHIBIT A
Supplemental Brand Listing

YEAR: 2005

Wind River Tobacco Company LLC.

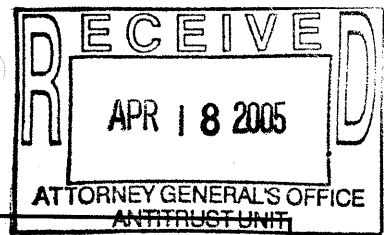
P.O Box 4600
Jackson, WY 83001
PH: 307-733-3878
FX: 307-733-3899


A. Brand

B. Brand Style

Custom Blends

RYO



	OFFICE OF THE ATTORNEY GENERAL Tobacco Unit/NPM Enforcement 109 State Street Montpelier, Vermont 05609-1001 Phone: (802) 751.0470
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**TOBACCO PRODUCT MANUFACTURERS CERTIFICATION
PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1B**

Part 1: Tobacco Product Manufacturer Identification

Name of Company: Wind River Tobacco Company LLC

Physical Address (street address only, no post office box): 1180 Gregory Lane,
Suite 5 Jackson, WY 83001

Mailing Address (if different from above): P.O. Box 4600
Jackson, WY 83001

Phone: 307-733-3878 Fax: 307-733-3899

Email: wrtco@msn.com

Name/Title of Person Completing Report: Stacy Saunders - Mkt & Sales
Manager

Manufacturing Plant Name and Physical Address (if different from above): PTM Technologies Inc
195 Ben Duvings Dr. Plant Phone: 336-751-4818
Mocksville, NC 27028

Name of Plant Manager: Calvin Phelps (CIGAR/TFI 0W24)

The undersigned certifies that, as of the date of this Certification, the above-named Tobacco Product Manufacturer is: (initial one)

 A Participating Manufacturer under the Tobacco Master Settlement Agreement

 A Nonparticipating Tobacco Product Manufacturer in full compliance with 33 V.S.A. Chapter 19, Subchapters 1A and 1B.

_____ Is registered to do business in Vermont with the Vermont Secretary of State

_____ Has appointed a Vermont agent for service of process in the State of Vermont as identified below, and has submitted proof of that appointment to the Attorney General:

Agent Name: _____

Company: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

B. Qualified Escrow Fund – Financial Institution

Name of Institution: _____

Address: _____

Representative Name: _____

Phone: _____ FAX: _____

Escrow Acct No: _____

State Account No: _____

(NOTE that a copy of the Escrow Agreement governing the Fund must be on file with the Attorney General or should be submitted herewith.)

C. Escrow Deposit/Withdrawal History for Vermont

Date	Deposit	Withdrawal ²	Balance

(Initial certification should include a complete history; annual certifications thereafter should include only account deposits and withdrawals during the preceding sales year.)

² Withdrawals must comply with 33 V.S.A. §1914(b). Verification of compliance must be provided.

EXHIBIT A

Wind River Tobacco Company LLC.


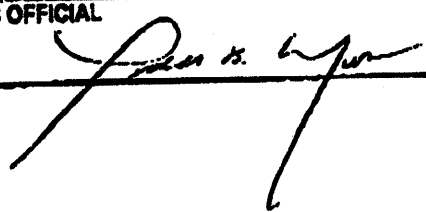
P.O Box 4600

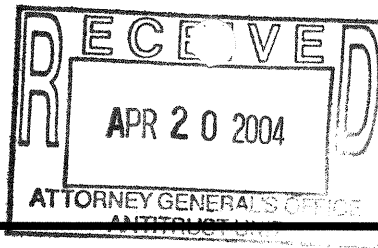
Jackson, WY 83001

PH: 307-733-3878

FX: 307-733-3899

A. Brand	B. Brand Style	C. Size	D. Container
AMERICAN BISON Cigarettes	Regular - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON Cigarettes	Light - Additive Free Natural	King Size	Filter, Hard box
AMERICAN BISON RYO			
CANOE RYO	Halfzware - Additive Free Natural		
CANOE RYO	English Blend - Additive Free Natural		
TETON RYO	Regular		
TETON RYO	Mild		
TETON RYO	Ultra Mild		
TETON RYO	Menthol		
TETON RYO	Mild Menthol		

DEPARTMENT OF TREASURY - ALCOHOL AND TOBACCO TAX AND TRADE BUREAU PERMIT - UNDER 26 U.S.C. CHAPTER 52		1. PERMIT NUMBER TP-TN-15001
2. ENGAGED IN THE BUSINESS AS Manufacturer of Tobacco Products	3. DATE OF APPLICATION OCTOBER 23, 2006	4. EFFECTIVE DATE OF PERMIT MAR 30 2007
5. NAME OF MANUFACTURER OR PROPRIETOR AND MAILING ADDRESS OF FACTORY OR EXPORT WAREHOUSE (Street address, P.O. Box or R.F.D. Number, City, State and Zip Code) Wind River Tobacco Company, LLC P. O. Box 4600 Jackson, WY 83001		
6. TRADE NAME(S)		
7. LOCATION AND DESCRIPTION OF EACH BUILDING OR PORTION THEREOF INCLUDED UNDER THIS PERMIT 215 Evergreen Drive Springfield, TN 37172 See attached diagram(s).		
8. AMENDMENT NUMBER	9. REASON FOR AMENDMENT	10. DATE OF AMENDMENT
Pursuant to your application of above date, you are hereby issued this permit to engage in the business indicated and to operate in the premises described. This permit will remain in effect on condition that you comply with the applicable provisions of 26 U.S.C. Chapter 52, the Federal Water Pollution Control Act, and all applicable regulations made pursuant to law which now or may hereafter be, in force, and until suspended, revoked, automatically terminated, or voluntarily surrendered, as provided by law and regulations. This permit is not transferable. Any change in name, address, ownership, or control must be immediately reported to the National Revenue Center or Puerto Rico Operations Office.		DATE OF APPROVAL MAR 30 2007
11. SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL FOR JOHN J. MANFREDA, ADMINISTRATOR TTBF 6206.10 (1/2005)		



OFFICE OF THE ATTORNEY GENERAL
 Tobacco Unit/NPM Enforcement
 109 State Street
 Montpelier, Vermont 05609-1001
 Phone: (802) 751-0470

**TOBACCO PRODUCT MANUFACTURERS CERTIFICATION
 PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1B**

Part 1: Tobacco Product Manufacturer Identification

Name of Company: Wind River Tobacco Company, LLC

Physical Address (street address only, no post office box): 1180 Gregory Lane
Suite 5 Jackson WY 83001

Mailing Address (if different from above): P.O. Box 4600
Jackson WY 83001

Phone: (307) 733-3878 FAX (307) 733-3899

Email: wrtco@msn.com

Name/Title of Person Completing Report: Chern Gould - Administrative Assistant

Manufacturing Plant Name and Physical Address (if different from above): _____

Plant Phone: _____

Name of Plant Manager: _____

The undersigned certifies that, as of the date of this Certification, the above-named Tobacco Product Manufacturer is: (initial one)

A Participating Manufacturer under the Tobacco Master Settlement Agreement

A Nonparticipating Tobacco Product Manufacturer in full compliance with 33 V.S.A. Chapter 19, Subchapters 1A and 1B.

NOTE: If the applicant certifies above that it is a Nonparticipating Tobacco Product Manufacturer, it certifies that it is the fabricator of the brands listed in this Certification.

Part 2: Sales Year

Year of Sales for this Certificate of Compliance is: 2004
 (Please complete a separate certification for each year of sales)

Part 3: Brand Family Identification
 (Participating Manufacturers complete A & B; Nonparticipating Manufacturers complete A through E. Attach additional sheets if necessary.)

A. Brand Family ¹	B. Brand Name	C. Units Sold In VT Preceding Yr	D. Units Sold In VT Current Yr	E. Other Manufacturer That Manufactured In Preceding or Current Year (name & address)
American Bison	light			
" "	regular			
" "	(R40)			
Teton	(R40)			
canoe	(R40)			
Nashville	regular			
" "	light			
" "	ultra-light			
" "	menthol			

Part 4: Nonparticipating Manufacturer Certification

A. Registered Agent / Approved Agent for service of process

The Tobacco Product Manufacturer identified above, as of the date of this Certification: certifies that it (initial one)

_____ Is registered to do business in Vermont with the Vermont Secretary of State

_____ Has appointed a Vermont agent for service of process in the State of Vermont as identified below, and has submitted proof of that appointment to the Attorney General:

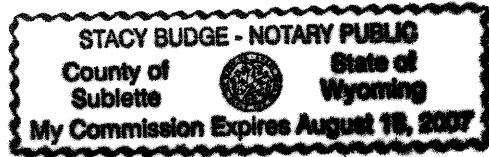
¹ Indicate with an asterisk (*) those brands that are no longer being sold in Vermont

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including any accompanying statements or attachments hereto, are true, correct, accurate and complete and that I am a person authorized to bind the Tobacco Product Manufacturer making this Certification either under the laws of the State of Vermont or the jurisdiction where the manufacturer resides or is organized..

Designee (Print Name): BRADSON R. ABRAMS Title: MANAGING MEMBER
Signature of Designee: Bradson R. Abrams Date: 3-31-2004

Subscribed and sworn to before me on this date: March 31, 2007
Signature of Notary Public: Stacy Budge
City of Jackson County of Sublette State of Wyoming
Country: USA
My Commission expires: August 18, 2007

Seal:



Mail the original Certification and a complete copy of all supporting documents to:

Dinah Yessne
Asssitant Attorney General
Office of the Attorney General
109 State Street
Montpelier, Vermont 05609-1001

STATE OF VERMONT

**TOBACCO PRODUCT MANUFACTURERS CERTIFICATION
PURSUANT TO 33 V.S.A. CHAPTER 19, SUBCHAPTER 1B**

Part 1: Tobacco Product Manufacturer Identification

Company: WIND RIVER TOBACCO COMPANY, LLC
 Address: PO Box 4600 1180 GREGORY LANE, SUITE 5
JACKSON, VT 85001
 Phone: 307-733-3878 FAX 307-733-3899
 Email: ABRAMS52@msn.com

Name/Title of Person Completing Report:
BRADSON R. ABRAMS - MANAGING MEMBER

The Tobacco Product Manufacturer identified above is, as of the date of this Certification:
 (Initial One)

A Participating Manufacturer under the Tobacco Master Settlement Agreement
 A Nonparticipating Tobacco Product Manufacturer in full compliance with 33
 V.S.A. Chapter 19, Subchapter 1A.

Part 2: Sales Year

Year of Sales for this Certificate of Compliance is: _____
 (Please complete a separate certification for each year of sales)

Part 3: Brand Family Identification
 (Participating Manufacturers complete A & B; Nonparticipating Manufacturers complete
 A through E. Attach additional sheets if necessary.)

A. Brand Family ¹	B. Brand Name	C. Units Sold In VT Preceding Yr	D. Units Sold In VT Current Yr	E. Other Manufacturer That Manufactured In Preceding or Current Year (name & address)
AMERICAN BISON	REGULAR			
"	"	LIBNI		
"	"	(R40)		
CANOE	(R40)			

¹ Indicate with an asterisk (*) those brands that are no longer being sold in Vermont

(OVER)

C. Escrow Deposit/Withdrawal History for Vermont

Date	Deposit	Withdrawal ²	Balance

(Initial certification should include a complete history. Annual certifications thereafter should be for the applicable sales year.)

Part 5. Execution by Authorized Designee

Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

Designee (Print Name): BRADSON R. ABRAMS Title: MANAGER
 Signature of Designee: [Signature] Date: 6-23-2003

Subscribed and sworn to before me on this date: June 23, 2003
 Signature of Notary Public: [Signature] City or County of Teton
 My Commission expires: March 5, 2006



Mail the completed TPM Certification to:

**Dinah Yessne
 Assistant Attorney General
 Office of the Attorney General
 109 State Street
 Montpelier, Vermont 056j09-1001**

² Withdrawals must comply with 33 V.S.A. §1914(b). Verification of compliance must be provided.