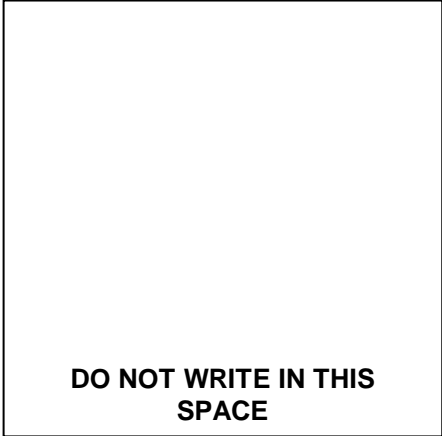


**TOBACCO PRODUCT DISTRIBUTOR APPOINTMENT
OF AGENT FOR SERVICE OF PROCESS**



(Name of Firm) (Must be same as shown on completed Form TB-84)

an individual, partners, a corporation of _____
(Strike out terms that do not apply) (City) (County)

_____, a nonresident distributor of tobacco products, as described in
(State)

Chapter 79, Article 33, K.S.A. 1972 Supp., hereby appoints the Secretary of State of the State of Kansas, or his successor in office, to be his true and lawful agent, upon whom may be served all lawful process in any action or proceeding against said taxes and/or penalties growing out of the sale of tobacco products in this state; and this appointment shall be evidence of said distributor's agreement that any such process against said distributor which is so served on the Secretary of State shall be of the same legal force and validity as if served upon said distributor personally within this state; and as part of this appointment states:

1. Business Name: _____
Address, City, County, State, Zip: _____

2. Names and addresses of officers, members or individuals as appropriate:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Name and address of individual to whom the Secretary of State of Kansas shall forward any service of process relating to any matter or issue arising under the above act:

Name	Title	Address
_____	_____	_____

In Witness Whereof, the undersigned has caused this appointment to be executed this _____ day of _____ A.D. _____ (Year).

Corporate Seal (If a Corporation) _____ (Title)

(Title)

STATE OF _____)
COUNTY OF _____) SS:

BE IT REMEMBERED that on this _____ day of _____, _____ (Year),

before me the undersigned, a notary public in and for said county and state, personally appeared _____, who is (are) personally known to me to be the same person(s) who executed the foregoing instrument, and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public in and for said County and State

SEAL

My Commission Expires _____

STATE OF _____)
COUNTY OF _____) SS:

BE IT REMEMBERED that on this _____ day of _____, _____ (Year),

before me the undersigned, a notary public in and for said county and state, personally appeared _____ of _____, a _____ corporation, and _____ of said corporation, each of whom is personally known to me to be respectively the _____ and of said corporation and the same persons who executed the foregoing instrument in its behalf, and duly acknowledged the execution of the same for and on behalf of and as the act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public in and for said County and State

SEAL

My Commission Expires _____

Instructions: Submit this form along with the \$15.00 filing fee to: Kansas Secretary of State, Memorial Hall, 1st Floor, 120 SW 10th Ave., Topeka KS 66612-1594. Any questions regarding the filing of this form you can call 785-296-4564.

Notice: There is a \$25.00 service fee for all checks returned by your financial institution.

If you need any additional copies of the form, you can find them at: <http://ksrevenue.org/bustaxtypescig.html> or have any questions, please contact Cigarette Tobacco at 785-368-8222 or email kdor_cigtob@ks.gov