

No Filing Fee (See Instructions)

ID Number: 117848



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904-2615

**APPLICATION FOR TRANSFER OF AUTHORITY**

Swedish Match North America LLC

(Insert full name of the entity following the transfer)

**SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY**

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (**check one box only**):

- Non-Profit Corporation or  Business Corporation or  Limited Liability Company or
- Limited Partnership or  Limited Liability Partnership

submits the following Application for the purpose of transferring its authority to a (**check one box only**):

- Limited Partnership or  Limited Liability Company or  Business Corporation or
- Limited Liability Partnership or  Non-Profit Corporation

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SECRETARY OF STATE  
CORPORATIONS DIV  
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a. The name of the entity filing this application for transfer is:  
Swedish Match North America Inc.

b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:  
04/09/2001

c. The jurisdiction upon transfer of authority:  
Delaware

**FILED** ←

**MAR 18 2016**

d. The name of the entity following the transfer of authority is:  
Swedish Match North America LLC

BY CA 270427  
2:44

e. The application for transfer is filed as an accompanying certificate to the  certificate of registration for a limited partnership or  application for registration for a limited liability company or  application for certificate of authority for a business corporation or  application for certificate of authority for a non-profit corporation or  notice of registration for a registered limited liability partnership (**check one box only**).

f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

**SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY**

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 3/18/16

\_\_\_\_\_  
Print Name of Other Entity

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person

OR

\_\_\_\_\_  
Print Name of Partnership

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Partner

Swedish Match North America Inc.

\_\_\_\_\_  
Print Name of Corporation

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person

OR

\_\_\_\_\_  
Print Name of Limited Liability Company

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person