ATTACHMENT A

(For use when registering more than one place of business or business location)

I. ELECTRONIC SMOKING DEVICE RETAILER IDENTIFICATION SECTION (cont'd)

Name and address of ADDITIONAL place of business or business location where the entity conducts or will conduct business:	
Telephone Number:	Facsimile Number:
Website Address:	
Name of Authorized Representat	tive:
Email Address of Authorized Re	presentative:
Name of Contact person if Author	orized Representative is unavailable:
Telephone number of contact per	rson:
Email Address of Contact person	1;
Name and address of ADDITION conducts or will conduct business	NAL place of business or business location where the entity s:
Telephone Number:	Facsimile Number:
	tive:
Email Address of Authorized Re	nresentative:
Name of Contact person if Author	presentative:
Telephone number of contact per	rson:
Email Address of Contact person	1:
Name and address of each ADDI entity conducts or will conduct b	TIONAL place of business or business location where the usiness:
Tolonhone Number	Faggimila Number:
XX7 1 • 4 A 1 1	Facsimile Number:
Name of Authorized Representat	tive·
Email Address of Authorized Re	NVe: nresentative:
Name of Contact nerson if Author	presentative:
Telephone number of contact per	rson:
Email Address of Contact person	1: