ADDENDUM A
(Effective May 1, 2020)

Updates to Agreement for Transportation of Tobacco Products:

1. Complete Prohibition on Shipment of Vapor Products or accessories in the State of New York:
   UPS does not accept Vapor Products or accessories of any type, with or without nicotine and
   flavored or non-flavored, to or from the State of New York (regardless of whether the shipper is
   authorized to ship or the consignee is authorized to receive such products under New York law).
   This prohibition includes Vapor Products approved by the United States Food and Drug
   Administration, unless the Shipper has received prior written approval from UPS for the shipment
   of specific products.

ANNUAL CERTIFICATION

As of this ____ day of ________, ______, (“Month”) (“Year”) (“Account Name”)

certifies that:

1. Shipper recognizes that various federal, state, provincial, and local laws and regulations govern
   Tobacco Products.

2. Shipper does or intends to ship Tobacco Products to (check all that apply)

   __ businesses authorized to receive them

   __ consumers authorized to receive them

3. Shipper is compliant with all federal, state, provincial, and local laws and regulations governing
   Tobacco Products;

4. Shipper holds all federal, state, provincial and local licenses and authorizations pertaining to
   Tobacco Products that Shipper requires to operate its business. Shipper has submitted to UPS by
   email to upstobaccocompliance@ups.com its license to sell or distribute tobacco products in its
   home state, and Shipper agrees to submit to UPS copies, or an abstract, of all other such licenses
   and authorizations upon request;

5. Shipper has ensured its consignees of Tobacco Products are compliant with all federal, state,
   provincial, and local laws and regulations governing Tobacco Products, including by verifying that
   its consignees hold all federal, state, provincial and local licenses and authorizations required,
   where necessary; Shipper will provide copies or an abstract of consignee licenses and authorizations
   to UPS upon request;

6. Shipper represents and warrants that (check only one)

   __ Shipper has not ever been the subject of any notice, finding, or action, by any regulatory
   authority concerning alleged non-compliance with laws or regulations governing Tobacco Products; or

   __ in documents submitted to UPS by email to upstobaccocompliance@ups.com, Shipper has made
   available to UPS all information concerning any such notice, finding, or action; and
7. Shipper maintains a Shipper Compliance Program that includes: (1) training for employees regarding Tobacco Products; (2) due diligence regarding customer licensure to receive, possess, and purchase Tobacco Products; and (3) self-assessments of the Shipper Compliance Program to guarantee its effectiveness.

8. Shipper does or intends to ship the following Tobacco Products (check all that apply)

<table>
<thead>
<tr>
<th>Product</th>
<th>B2B</th>
<th>B2C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Little Cigars</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Cigars</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Roll Your Own/Pipe Tobacco</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Smokeless Tobacco</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Vape/E-Cigarette Products</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (Describe below)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

__________________________________________________________

9. Shipper acknowledges that for as long as this Agreement is in effect, Shipper shall annually execute and submit by email to upstobaccoregulatory.com this Annual Certification with updated information as appropriate.

CERTIFIED:

__________________________________________________________

Account Name: ______________________________________

UPS Account #: ______________________________________

If Applicable, UPS Vape/E-Cigarette Account #: __________

Street: _____________________________________________

City: _____________________________________________

State: ____________________Zip Code: __________

Signature: ______________________________________

Print Name: ______________________________________

Title: ______________________________________

Website: ______________________________________

Correspondence Email: ____________________________

(Email required for future communications and annual certification)