

SECTION V - PRODUCT LISTING

Section V should be completed for each product listed. (Multiple copies of pages 8 and 9 may be submitted.)

1. Product Name* (i.e., brand/sub-brand or other commercial name used in commercial distribution - e.g., Acme Lights 100's or Acme Reconstituted Tobacco #202)
Juneau RYO Green

2. Product Identification Number (Must be provided if needed to uniquely identify the product)
1234567089

3. Type of Product Identification Number (Check only one)

- Item/Catalog Number
- SKU Number
- UPC Number

4. Intended Use of Product (Check one)*

- Consumer Use (Go to question 5)
- Further Manufacturing Use (Skip to question 6)

5. Consumer Use Product Category (Check applicable, then skip to question 7)*

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Cigarettes | <input checked="" type="checkbox"/> Roll-Your-Own Tobacco | <input type="checkbox"/> Dry Snuff |
| <input type="checkbox"/> Chewing Tobacco | <input type="checkbox"/> Roll-Your-Own Paper | <input type="checkbox"/> Moist Snuff |
| <input type="checkbox"/> Dissolvables | <input type="checkbox"/> Roll-Your-Own Filters | <input type="checkbox"/> Snus |
| <input type="checkbox"/> Accessory Filters | <input type="checkbox"/> Other (Specify): _____ | |

6. Further Manufacturing Use Product Category (Check applicable)*

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Pouch for Portioned Tobacco |
| <input type="checkbox"/> Paper | <input type="checkbox"/> Additive |
| <input type="checkbox"/> Filters | <input type="checkbox"/> Other (Specify): _____ |

7. Flavor (Check applicable)

- Menthol
- None
- Other (Specify): _____

8. If submission is an Update to a Product List (per 905(i)(3)) (previously submitted to FDA) (Make applicable entries)

If known, enter the FDA-assigned tracking number (e.g., TP#####) for your tobacco product.

If your product has been introduced to market, discontinued or reintroduced since your last product listing, indicate the most recent change.*

Introduced

Provide the appropriate date:*

08/08/2016

9. **Advertising** (A representative sampling of advertising may be required. Please see the guidance document, Section III.C.2. for additional details. Representative samples, appropriately identified, are to be submitted with this form. For each advertisement, we request that you provide the following optional information below. You may use Appendix A as a continuation sheet if needed.)

9a. Type of Advertising Material (e.g., magazine ad)	9b. Title	9c. Unique ID or Internal ID Number	9d. Date First Disseminated (mm/dd/yyyy)
Magazine	Market Introduction	ID#: 222890	08/08/2016

10. **Labeling*** (All labeling, appropriately identified, is to be submitted with this form. For each item of labeling, we request that you provide the following optional information below. You may use Appendix B as a continuation sheet if needed.)

10a. Universal Product Code(s) (UPC)
00000018

10b. Type of Labeling Material (e.g., package label)	10c. Title	10d. Unique ID or Internal ID Number	10e. Date First Disseminated (mm/dd/yyyy)
Bag Packaging	16 oz.	ID#: 898097	08/08/2016

11. **Consumer Information** (Consumer information may be required. Please see the guidance document, Section III.C.2. for additional details. All consumer information, appropriately identified, is to be submitted with this form. For each item, we request that you provide the following optional information below. You may use Appendix C as a continuation sheet if needed.)

11a. Type of Consumer Information (e.g., consumer brochure)	11b. Title	11c. Unique ID or Internal ID Number	11d. Date First Disseminated (mm/dd/yyyy)