ONLY		OMB No. 1513-0020 (01/31/2009
	the state of the s	RTMENT OF THE TREASURY
		R AND CERTIFICATION/EXEMPTION OF
CT ORS		BEL/BOTTLE APPROVAL s and Paperwork Reduction Act Notice Below)
3. SOURCE OF PRODUCT		PART I - APPLICATION
	PERMIT OR BREWER'S N	APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF
Domestic I mport	USED ON THE LABEL (R	equired)
5. TYPE OF PRODUCT		OCLAND WINE IMPORTS DBA ROCLAND ESTATE
WINE		125 C MEZZETTA COURT
	A STATE OF THE PARTY OF THE PAR	ERICAN CANYON, CA 94503
	oa. MAILING ADDRESS, IF D	FERENT
10 FORMULA/SOR	IO 11 LAB NO & DATE/PRE-	18. TYPE OF APPLICATION (Check applicable box(es))
(If any)	IMPORT NO. & DATE (If any)	a CERTIFICATE OF LABEL APPROVAL
	VINE APPELLATION (If on label)	b. CERTIFICATE OF EXEMPTION FROM LABEL APPROVA "For sale inonly" (Fill in State abbreviation)
CONTENT		□ DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE
PHONE NUMBER	17. FAX NUMBER	(Fill in amount)
(800) 788-0212	(800)954-9463	d. RESUBMISSION AFTER REJECTION TTB ID
PEARING ON MATERIALS FI	MLY AFFIXED TO THE CONTAINER (e.g.	., caps, celoseals, corks, etc.) OTHER THAN THE LABELS AFFIXED
		as set forth in the instructions portion of this form.
Lustin Jours Any	FOR TTB USE ONLY	as set forth in the instructions portion of this form.
Lestin Jours Any	ATURE, ALCOHOL AND TOBACCO	as set forth in the instructions portion of this form.
lendin Janes Anz	FOR TTB USE ONLY meral Instructions 4, 6 and 7)	EXPIRATION DATE (If any
lendin Janes Anz	FOR TTB USE ONLY Heral Instructions 4, 6 and 7) KISS GR VIBRA EST	as set forth in the instructions portion of this form. O TAX AND TRADE BUREAU
ABELS BELOW (See Ge	FOR TTB USE ONLY FOR TTB USE ONLY METAL Instructions 4, 6 and 7) KISS GR VIEW ESTI WITH A DEFAT IMPORTER LOT 147 W	EXPIRATION DATE (If any EXPIRA
ABELS BELOW (See Ge	FOR TTB USE ONLY FOR TTB USE ONLY METAL MISSING THE STREET OF THE SURE OF TH	EXPIRATION DATE (If any EXPIRATION DATE (IT AND EXPIRATION DATE (IT AND EXPIRATION DATE (IT AND EXPIRATION DATE (IT AND ALL EXPIRATION DATE (IT AN
	3. SOUNCE OF PRODUCT (Required) Domestic Importe 5. TYPE OF PRODUCT (Required) WINE DISTILLED SPIRITS MALT BEVERAGES 10. FORMULA/SOP N (If any) ALCOHOL CONTENT 3.5% SOPHONE NUMBER (800) 788-0212 EARING ON MATERIALS FIR NOED OR EMBOSSED ON TI AFFIXED BELOW. ALSO, PRO TO COVER NET I declare: that all statemen the labels attached to tils will be applied. I also co 1000.31, Certificate/Exemi	See Instruction: 3. SOURCE OF PRODUCT (Required) Domestic Imported 8. NAME AND ADDRESS OF PERMIT, OR BREWER'S NUSED ON THE LABEL (R 5. TYPE OF PRODUCT (Required) WINE DISTILLED SPIRITS MALT BEVERAGES 8a. MAILING ADDRESS, IF D 10. FORMULA/SOP NO. (If any) ALCOHOL (If any) ALCOHOL (If any) ALCOHOL (SOUTH AUSTRALIA) PHONE NUMBER 17. FAX NUMBER (800) 788-0212 EARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g. NOED OR EMBOSSED ON THE CONTAINER (e.g. net contents etc.). (FFIXED BELOW. ALSO, PROVIDE TRANSLATIONS OF FORE16N LAW TO COVER NET CONTENTS OF 375 ML - 3 L 1 declare: that all statements appearing on this application are in the labels attached to this form, including supplemental do its will be applied. I also certify that I have read, understood at 15100.31, Certificate/Exemption of Label/Bottle Approval. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT 22.

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