

ID 01204-000-000046  
 CT 906 OR 48 AP

DEPARTMENT OF THE TREASURY  
 BUREAU OF ALCOHOL, TOBACCO AND FIREARMS 1226  
 APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL  
 (See Instructions and Paperwork Reduction Act Notice on Back)

PART I - APPLICATION

1. VENDOR CODE (Required) 2. SERIAL NUMBER (Required)  
 5 8 4 0 YEAR 0 1 - 1 1 0 C

3. BRAND NAME (Required)  
 Sparks Ignition System

4. CLASS AND TYPE (Required) (Includes wine varietal designation, if applicable)  
 Malt Beverage w/Caffeine with Natural & Artificial Flavor

5. FANCIFUL NAME (If any)  
 Sparks Ignition System

6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. (Required)  
 See #7

7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE (Required)  
 Miller Brewing Company  
 TRADING AS  
 The Steel Brewing Co.  
 Milwaukee, WI  
 BR-WA-MIL-1 BR-WI-MIL-1  
 BR-GA-MIL-1 BR-OH-MIL-1  
 BR-NC-MIL-1 BR-TX-MIL-1  
 BR-CA-MIL-1

7a. MAILING ADDRESS, IF DIFFERENT  
 Barbara A. Whitehead  
 Miller Brewing Company  
 3939 West Highland Blvd.  
 P. O. Box 482  
 Milwaukee, WI 53201-0482

8. FORMULA NO. (If any) 9. LAB. NO./DATE 10. NET CONTENTS 11. PHONE NUMBER 12. AGE (Distilled Spirits) 13. ALCOHOL CONTENT 14. VINTAGE (Wine products only, if stated on label) 15. FAX NUMBER 16. TYPE OF APPLICATION (Check applicable box)

011 5900400012 16 oz. 16.  CERTIFICATE OF LABEL APPROVAL  
 CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in \_\_\_\_\_ only" (Fill in State abbreviation)  
 DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE \_\_\_\_\_ (Fill in amount)

17. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, celloseals, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) EMBOSSED ON THE CONTAINER. THIS WORDING MUST BE NOTED HERE EVEN IF IT DUPLICATES PORTIONS OF THE LABELS AFFIXED BELOW. ALSO, PROVIDE TRANSLATIONS OF FOREIGN LANGUAGE TEXT APPEARING ON LABELS.  
 Reduced 73%

PART II - APPLICANT'S CERTIFICATION

Under the penalties of perjury, I declare: that all statements appearing on this application are true and correct to the best of my knowledge and belief; and, that the representations on the labels attached to this form, including supplemental documents, truly and correctly represent the content of the containers to which these labels will be applied. I also certify that I have read, understood and complied with the conditions and instructions which appear on the reverse of an original ATF F 5100.31, Certificate/Exemption of Label/Bottle Approval.

18. DATE OF APPLICATION 07/20/01 19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Barbara A. Whitehead 20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT Barbara A. Whitehead  
 Regulatory Affairs Specialist

PART III - ATF CERTIFICATE

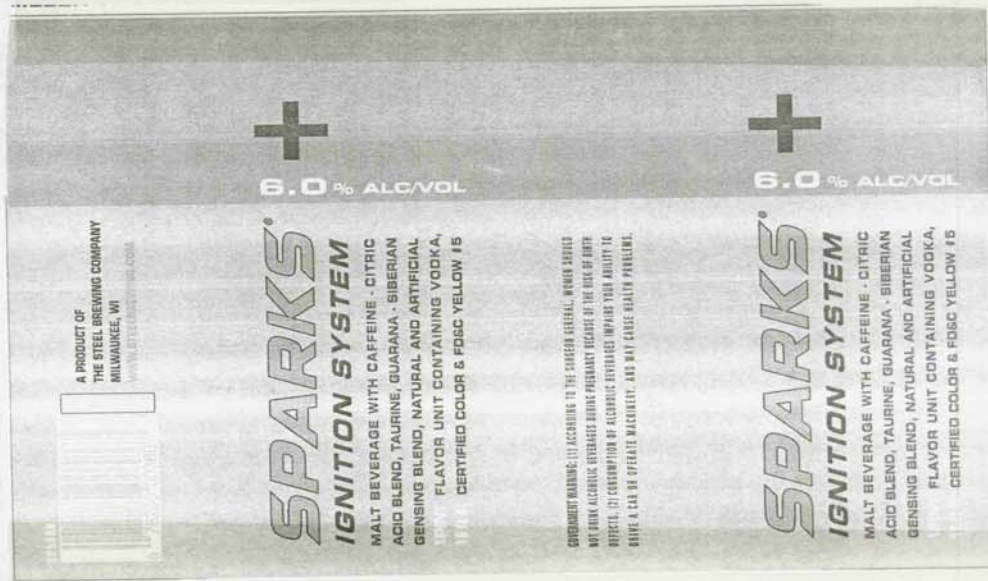
This certificate is issued subject to applicable laws, regulations and conditions as set forth on the back of this form.

21. DATE ISSUED JUL 25 2001 22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS Gina M. Tilsed

FOR ATF USE ONLY

QUALIFICATIONS

AFFIX COMPLETE SET OF LABELS BELOW 16 oz. Can EXPIRATION DATE (If any)



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