OMB No. 1513-0020 (01/31/2009)

FOR TTB USE ONLY				DEPARTMENT OF THE TREASURY			
TTB ID			ALCOHOL AND TOBACCO TAX AND TRADE BUREAU APPLICATION FOR AND				
08221001000276			CERTIFICATION/EXEMPTION OF LABEL/BOTTLE				
			OLKIII IOA		PPRO		
1. REP. ID. NO. (If any)	СТ	OR	(See Instru		_	Reduction Act Notice on Back)	
	956	81					
			PART I - APPLI	CATION			
2. PLANT 3. SOURCE OF		8. NAME AND AD	8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT				
REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) PRODUCT (Required) Domestic		REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON LABEL (Required)					
CA-I-3681		ALTA MARKETING CO. 26717 PALMETTO AVE , STE A					
4. SERIAL NUMBER (Required)	5. TYPE OF PRODUCT (Required)		REDLANDS CA 92374				
081003 WINE							
DISTILLED SPIRITS		ED SPIRITS					
		EVED A OF					
	MALT B	EVERAGE					
6. BRAND NAME (Requir	red)		8a. MAILING ADD	DRESS IF DIFE	FRFNT		
CAVE CREEK			oa. MAILINO ADE	, , , , , , , , , , , , , , , , , , ,	LIXLIAI		
7. FANCIFUL NAME (If a	ny)						
CHILIBEER							
9. EMAIL ADDRESS				_		8. TYPE OF APPLICATION	
			NO. (If any)	PREIMPORT DATE (If any)	,	Check applicable box(es))	
			1	08179003000 07/22/2008	0120 -	a. CERTIFICATE OF LABEL APPROVAL	
12. NET CONTENTS			13. ALCOHOL	14. WINE		b. CERTIFICATE OF EXEMPTION FROM	
12 FL. OZ.			CONTENT	APPELLATIO LABEL	N IF ON	LABEL APPROVAL "For sale in only" (Fill in State abbreviation.)	
		16. PHONE NUMBER	17. FAX NUMBER		C. DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE		
		(734) 482-7220	(734) 482-797	70	CAPACITY BEFORE CLOSURE(fill in amount)		
			(704) 402 7220			d. RESUBMISSION AFTER REJECTION	
					TTB ID. NO. 08157001000301		
OTHER THAN THE LABL	EŜ ÁFFIXED IST BE NOTEL	BELOW, OR HERE EVE	(b) BLOWN, BRAND N IF IT DUPLICATES	DED OR EMBOS S PORTIONS OI	SSED ON F THE LAI	NER (e.g., caps, celoseals, corks, etc.) THE CONTAINER (e.g., net contents BELS AFFIXED BELOW. ALSO,	
		PART II	- APPLICANT'S	CERTIFICAT	TION		
						d correct to the best of my knowledge	
	ers to which the	se labels will	be applied. I also ce	rtify that I have re	ead, under	ocuments, truly and correctly represent rstood and complied with the fabel/Bottle Approval.	
20. DATE OF APPLICATION (Application)	R AUTHORIZED AGENT		22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT				
08/08/2008 (***********************************			ANGELA DYSON				
		PA	RT III - TTB CE	RTIFICATE			
This certificate is issued form.	subject to ap	plicable law	s, regulations and	conditions as s	set forth i	n the instructions portion of this	
23. DATE ISSUED 24.	AUTHORIZE	SIGNATUR	RE, ALCOHOL AND	TOBACCO TA	X AND TR	RADE BUREAU	
08/22/2008	Cent 7	3. Mit	u				

FOR TTB USE ONLY					
QUALIFICATIONS	EXPIRATION DATE (If any)				
STATUS					
THE STATUS IS APPROVED.					
CLASS/TYPE DESCRIPTION					
MALT BEVERAGES SPECIALITIES					

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Neck Actual Dimensions: 3.65 inches W X 1.14 inches H



Image Type: Brand (front) Actual Dimensions: 3.33 inches W X 2.75 inches H



TTB F 5100.31 (6/2006) PREVIOUS EDITIONS ARE OBSOLETE

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