

FOR TTB USE ONLY

TTB# 08085-000-000155

1. REP. ID NO. (If any) *1002*

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) NY-I-1727

3. SOURCE OF PRODUCT (Required)
 Domestic Imported

4. SERIAL NUMBER (Required)
 YEAR: 08 - 0160

5. TYPE OF PRODUCT (Required)
 WINE
 DISTILLED SPIRITS
 MALT BEVERAGES

6. BRAND NAME (Required) LA FEE

7. FANCIFUL NAME (If any) *Parisienne*

8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT, OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON THE LABEL (Required)
 MHW LTD dba Green Utopia
 272 Plandome Road
 Suite 100
 Manhasset NY 11030

8a. MAILING ADDRESS, IF DIFFERENT

9. EMAIL ADDRESS cdipietro@mhw ltd.com

10. FORMULA/SOP NO. (If any)

11. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any) 2007-00477-002 01/08/08

12. NET CONTENTS 750 ML

13. ALCOHOL CONTENT 68.0%

14. WINE APPELLATION (If on label)

15. WINE VINTAGE DATE (If on label)

16. PHONE NUMBER 516 869-9170

17. FAX NUMBER 516 869-3383

18. TYPE OF APPLICATION (Check applicable box(es))
 a. CERTIFICATE OF LABEL APPROVAL
 b. CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in _____ only" (Fill in State abbreviation)
 c. DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)
 d. RESUBMISSION AFTER REJECTION
 TTB ID *08042 00000008*

19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, cellophane, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., not contents, etc.). 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.
 BRAND NAME, PRODUCER NAME, AND GRAPHICS MAY REPEAT ON CAP, CAPSULE OR BOTTLE NECK.

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 are attached to an original TTB F 5100.31, Certificate/Exemption of Label/Bottle Approval.

20. DATE OF APPLICATION 02/07/08

21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT *Christine DiPietro*

22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT Christine DiPietro

PART III - TTB CERTIFICATE

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

23. DATE ISSUED MAR 26 2009

24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU *Sarah H. Johnson*

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QUALIFICATIONS *The finished product must be "hygienic" pursuant to 21 CFR 172.510.*

EXPIRATION DATE (If any)

