

TTB ID 09055-003-000033

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
APPLICATION FOR AND CERTIFICATION/EXEMPTION OF
LABEL/BOTTLE APPROVAL
(See Instructions and Paperwork Reduction Act Notice Below)

1. REP. ID. NO. (If any) CT 81 OR 35

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)
NC-W-15043

3. SOURCE OF PRODUCT (Required)
 Domestic Imported

PART I - APPLICATION

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)
Lac Belle Amie Vineyard & Winery, LLC
Twisted Sisters (used on labels)
195 Vineyard Drive
Elizabethtown, NC 28337

4. SERIAL NUMBER (Required)
YEAR 0 9 - 0 1 0 4

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

8a. MAILING ADDRESS, IF DIFFERENT

6. BRAND NAME (Required)
Twisted Sisters

7. FANCIFUL NAME (If any)
I'M NOT YOUR WAITRESS!

9. E-MAIL ADDRESS
info@LaBelleAmie.com

10. FORMULA/SOP NO. (If any)

11. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any)

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 _____

12. NET CONTENTS
750 ML

13. ALCOHOL CONTENT
12.5 %

14. WINE APPELLATION (If on label)

15. WINE VINTAGE DATE (If on label)

16. PHONE NUMBER
910-645-6450

17. FAX NUMBER
910-645-6450

19. 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) BLOWN, BRANDED, OR EMBOSSED ON THE CONTAINER (e.g., net 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.

(b) 750 ML

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
02/18/2009

21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT
C. Vicki Weigle

22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT
C. Vicki Weigle

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.

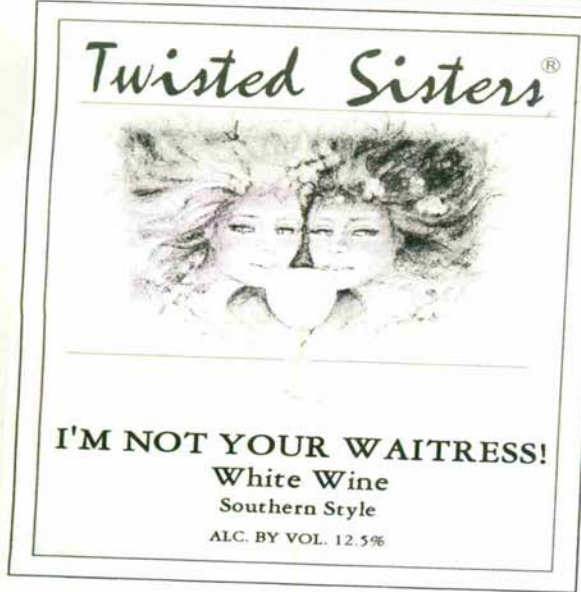
23. DATE ISSUED
MAR - 5 2009

24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
Patricia Spivey

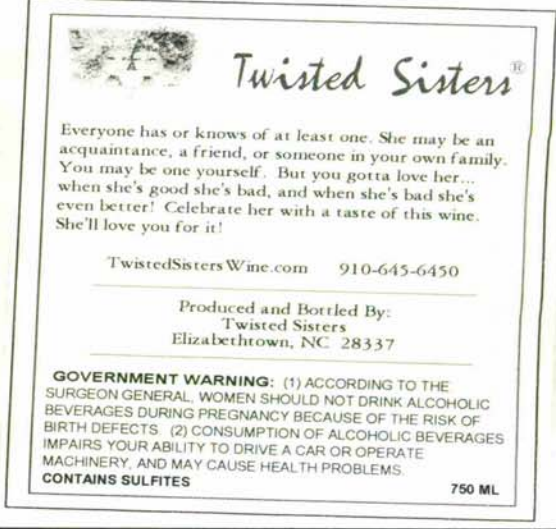
FOR TTB USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)



4, 6, and 7)



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Patricia Spivey