

OMB No. 1512-0092 (11/30/2005)

04119-003-000027

1. REP. ID. NO. (If any) **GT 051 OR 50**

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)
CA-I-2233

3. SERIAL NUMBER (Required)
YEAR: 0 4 -- 4 5

4. TYPE OF PRODUCT (Required)
 WINE
 DISTILLED SPIRITS
 MALT BEVERAGE

7. 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)
Wilson Daniels, Ltd.
1201 Dowdell Street,
St. Helena, CA 94574

7a. MAILING ADDRESS, IF DIFFERENT
Wilson Daniels, Ltd
P.O. Box 440-B
St. Helena, CA 94574

8. EMAIL ADDRESS: **tlewis@wilsondaniels.com**

9. FORMULA/SOP NO. (If any)

10. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any)
0329400000329 10/03

11. NET CONTENTS: **750ml**

12. ALCOHOL CONTENT: **40%**

13. WINE APPELLATION (If on label)

14. WINE VINTAGE DATE (If on label)

15. PHONE NUMBER: **(707) 967-1826**

16. FAX NUMBER: **(707) 967-7826**

17. 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 _____

18. 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.

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.

19. DATE OF APPLICATION: **04/23/04**

20. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: *Teresa Lewis*

21. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT: **Teresa Lewis, Attorney-In-Fact**

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.

22. DATE ISSUED: **MAY 24 2004**

23. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU: *[Signature]*

FOR TTB USE ONLY

QUALIFICATIONS

AFFIX COMPLETELY TO THE FRONT OF THE CONTAINER (See General Instructions 4, 6 and 7)

EXPIRATION DATE (If any)



TTB F 5100.31 (3-2003) PREVIOUS EDITION IS OBSOLETE

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