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

FOR TTB USE ONLY			DEPARTMENT OF THE TREASURY ALCOHOL AND TOBACCO TAX AND TRADE BUREAU APPLICATION FOR AND				
10064001000055			CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL				
1. REP. ID. NO. (If any)	CT 906	OR 29	(See Instructions and Pa	perwork	Reduction Act Notice on Back)	
		F	PART I	- APPLICATION			
2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. <i>(Required)</i>	3. SOURCE OF SIC VER'S Domestic		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 LABEL (Required)				
BR-MO-TLC-1 BR-WI-TLC-15000	000 Imported		O'FALLON BREWERY, T.L.C., INC. 26 W INDUSTRIAL DR				
4. SERIAL NUMBER (<i>Required</i>) 100008	BER 5. TYPE OF PRODUCT (Required) WINE DISTILLED SPIRITS MALT BEVERAGE		O FALLON MO 63366				
6. BRAND NAME (Req	uired)		8a. MAILING ADDRESS, IF DIFFERENT				
O'FALLON 7. FANCIFUL NAME (If	anv)		-				
HEMP HOP RYE	uny)						
9. EMAIL ADDRESS 10. FORMULA/S			SOP	OP 11. LAB. NO. & DATE / 18. TYPE OF APPLICATION PREIMPORT NO. & (Check applicable box(es))			
FRAN@OFALLONBREWERY.COM (If any) 2010-0		lf any) 2010-001		DATE (If any)	a.	CERTIFICATE OF LABEL APPROVAL	
12 FL. OZ. CON		ONTENT		14. WINE APPELLATION IF ON LABEL	b.	CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in only" (Fill in State abbreviation.)	
15. WINE VINTAGE DATE IF ON LABEL		16. PHONE NUMBER (636) 474-2337		17. FAX NUMBER (888) 541-9788	c.	DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)	
					d.	RESUBMISSION AFTER REJECTION TTB ID. NO10035001000378	
OTHER THAN THE LAE etc.). THIS WORDING M	BLES ÁFFIXED IUST BE NOTE	BELOW, OR (I D HERE EVEN	b) BLOV I IF IT DU	N, BRANDED OR EMBC	OSSED O OF THE L	INER (e.g., caps, celoseals, corks, etc.) N THE CONTAINER (e.g., net contents ABELS AFFIXED BELOW. ALSO,	
		PART II -	APPLI	CANT'S CERTIFICA			
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.							
						NT NAME OF APPLICANT OR DRIZED AGENT CES CARADONNA	

PART	III - TTE	B CERTIFICATE
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 This certificate is issued subject to applicable laws, regulations and conditions as set forth in the instructions portion of this form.

 23. DATE ISSUED
 24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

23. DATE ISSUED 03/12/2010

Kent B. Mutu

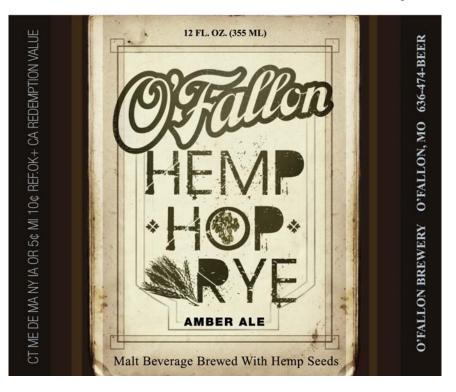
FOR TTB USE ONLY						
QUALIFICATIONS EACH CONTAINER MUST BE CODED TO INDICATE ACTUAL PLACE OF BOTTLING. Other (THIS LABEL MAY NOT BE USED ON A PRODUCT THAT CONTAINS A CONTROLLED SUBSTANCE.) Other (HEMP COMPONNENT(S) MUST BE TESTED IN THE U.S. FOR THE PRESENCE OF CONTROLLED SUBSTANCE(S) EACH TIME COMPONENT IS IMPORTED AND RESULTS MUST BE MAINTAINED ON	EXPIRATION DATE (If any)					
YOUR PREMISES FOR INSPECTION.) Other (A DETAILED DESCRIPTION OF THE METHOD OF ANALYSIS USED BY THE U.S. LAB TO TEST FOR CONTROLLED SUBSTANCE MUST BE MAINTAINED ON YOUR PREMISE FOR INSPECTION.) STATUS						
THE STATUS IS APPROVED. CLASS/TYPE DESCRIPTION MALT BEVERAGES SPECIALITIES - FLAVORED						

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Neck Actual Dimensions: 4 inches W X 1.6 inches H



Image Type: Brand (front) Actual Dimensions: 4.5 inches W X 3.75 inches H



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