OMB No. 1513-0020

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                                                                                                     |                                                             |                                                                                                                                                                           |  |
| 10021001000064                                       |                                          |                                      |                                                                                                                                                                   |                                                             |                                                                                                                                                                           |  |
|                                                      |                                          |                                      | CERTIFICATION/EXEMPTION OF LABEL/BOTTLE                                                                                                                           |                                                             |                                                                                                                                                                           |  |
| A DED ID NO (Kana)                                   |                                          |                                      | APPROVAL (See Instructions and Paperwork Reduction Act Notice on Back)                                                                                            |                                                             |                                                                                                                                                                           |  |
| 1. REP. ID. NO. (If any)                             |                                          | (Se                                  | e instructions and Pap                                                                                                                                            | Derwork Reduction Act Notice on Back)                       |                                                                                                                                                                           |  |
|                                                      | 952                                      | 84                                   |                                                                                                                                                                   |                                                             |                                                                                                                                                                           |  |
| PART I - APPLICATION                                 |                                          |                                      |                                                                                                                                                                   |                                                             |                                                                                                                                                                           |  |
| 2. PLANT<br>REGISTRY/BASIC<br>PERMIT/BREWER'S        | REWER'S                                  |                                      | 8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT<br>REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED<br>DBA OR TRADENAME IF USED ON LABEL (Required) |                                                             |                                                                                                                                                                           |  |
| <b>NO.</b> (Required)<br>MA-I-15079                  | ✓ Imported                               |                                      | SHELTON BROTHERS, INC.                                                                                                                                            |                                                             |                                                                                                                                                                           |  |
| <u> </u>                                             |                                          |                                      | 205 WARE RD                                                                                                                                                       |                                                             |                                                                                                                                                                           |  |
| 4. SERIAL NUMBER (Required)                          | NUMBER 5. TYPE OF PRODUCT (Required)     |                                      | BELCHERTOWN MA 01007                                                                                                                                              |                                                             |                                                                                                                                                                           |  |
| 1064AI                                               | WINE                                     |                                      |                                                                                                                                                                   |                                                             |                                                                                                                                                                           |  |
|                                                      | DISTILL                                  | DISTILLED SPIRITS                    |                                                                                                                                                                   |                                                             |                                                                                                                                                                           |  |
| ✓ MALT BEV                                           |                                          | EVERAGE                              |                                                                                                                                                                   |                                                             |                                                                                                                                                                           |  |
| 6. BRAND NAME (Required)                             |                                          |                                      | 8a. MAILING ADDRESS, IF DIFFERENT                                                                                                                                 |                                                             |                                                                                                                                                                           |  |
| EPIC ARMAGEDDON IPA                                  |                                          |                                      |                                                                                                                                                                   |                                                             |                                                                                                                                                                           |  |
| 7. FANCIFUL NAME (                                   | f any)                                   |                                      | -                                                                                                                                                                 |                                                             |                                                                                                                                                                           |  |
| 9. EMAIL ADDRESS 10. FORMULA                         |                                          |                                      | A/SOP                                                                                                                                                             |                                                             |                                                                                                                                                                           |  |
| COLAS@SHELTONBROTHERS.COM                            |                                          |                                      |                                                                                                                                                                   | PREIMPORT NO. & DATE (If any)                               | (Check applicable box(es)) a.                                                                                                                                             |  |
|                                                      |                                          |                                      |                                                                                                                                                                   |                                                             | CERTIFICATE OF LABEL APPROVAL                                                                                                                                             |  |
|                                                      |                                          | 13. ALCOHOL<br>CONTENT<br>6.66       |                                                                                                                                                                   | 14. WINE<br>APPELLATION IF ON<br>LABEL                      |                                                                                                                                                                           |  |
|                                                      |                                          |                                      |                                                                                                                                                                   |                                                             | b. CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL  "For sale in only" (Fill in State abbreviation.)                                                                         |  |
| 15. WINE VINTAGE DATE IF ON                          |                                          | 16. PHONE NUMBER                     |                                                                                                                                                                   | 17. FAX NUMBER                                              | _                                                                                                                                                                         |  |
| IAREI                                                |                                          | (413) 323-7790                       |                                                                                                                                                                   | (413) 323-7791                                              | C. DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE                                                                                               |  |
|                                                      |                                          |                                      |                                                                                                                                                                   |                                                             | d. RESUBMISSION AFTER REJECTION TTB ID. NO                                                                                                                                |  |
| OTHER THAN THE LA etc.). THIS WORDING                | BLES ÁFFIXED<br>MUST BE NOTEI            | BELOW, OR (<br>D HERE EVEN           | b) BLOWN<br>N IF IT DUP                                                                                                                                           | BRANDED OR EMBOS                                            | CONTAINER (e.g., caps, celoseals, corks, etc.) SSED ON THE CONTAINER (e.g., net contents F THE LABELS AFFIXED BELOW. ALSO,                                                |  |
|                                                      |                                          | PART II -                            | APPLICA                                                                                                                                                           | ANT'S CERTIFICAT                                            | TION                                                                                                                                                                      |  |
| and belief; and, that the the content of the content | e representations<br>ainers to which the | on the labels a<br>ese labels will b | attached to to be applied.                                                                                                                                        | this form, including suppl<br>I also certify that I have re | re true and correct to the best of my knowledge emental documents, truly and correctly represent ead, understood and complied with the kemption of Label/Bottle Approval. |  |
| ADDLICATION                                          |                                          |                                      |                                                                                                                                                                   | IZED AGENT                                                  | 22. PRINT NAME OF APPLICANT OR<br>AUTHORIZED AGENT                                                                                                                        |  |
| 01/21/2010 (Appl                                     | ( .Fpiiodion ras o mod)                  |                                      |                                                                                                                                                                   |                                                             | DANIEL SHELTON                                                                                                                                                            |  |
| PART III - TTB 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

01/25/2010

Kent B. Mutu

## TITB WILL EVALUATE ADVERTISING MATERIALS WHICH PROMOTE THIS MALT BEVERAGE PRODUCT TO ENSURE THAT THE NUMBERS IN THE BRAND OR FANCIFUL NAME ARE NOT BEING USED TO PROMOTE THE PRODUCTS ALCOHOLIC STRENGTH. STATUS THE STATUS IS APPROVED. CLASS/TYPE DESCRIPTION

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Brand (front)

ALE

Actual Dimensions: 6.46 inches W X 4.1 inches H

GOVERNMENT WARNING: (1)
ACCORDING TO THE SURGEON
GENERAL, WOMEN SHOULD NOT
DRINK ALCOHOLIC BEVERAGES
OF THE RISK OF BIRTH DEFECTS.
(2) CONSUMPTION OF ALCOHOLIC
BEVERAGES IMPARTS, YOUR
ABILITY TO DRIVE A CAR OR
OPERATE MACRINERY, AND
COULD CAUSE HEALTH PROBLEMS.
HAOR-CT-DE-RI-NY-MAY-TIMES REF
CA CASH REFUND
FL. MI 10¢ REF OK+

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

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