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OMB No. 1512-0092 (06/30/2004)

ID 03100-000-000285

CT 81 | OR 64 | AP

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

APPLICATION FOR AND CERTIFICATION/EXEMPTION OF LABEL/BOTTLE APPROVAL

(See Instructions and Paperwork Reduction Act Notice on Back)

PART I - APPLICATION

1. VENDOR CODE *(Required)*: 8250
2. SERIAL NUMBER *(Required)*: YEAR 03 - 517
3. BRAND NAME *(Required)*: Hillinger
4. CLASS AND TYPE *(Required)* *(Includes wine varietal designation, if applicable)*: Welschriesling
5. FANCIFUL NAME *(If any)*:
6. PLANT REGISTRY/BASIC PERMIT NO./BREWER'S NO. *(Required)*: VA-I-416
7. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE *(Required)*:
   Select Wines, Inc
   14000 Willard Rd Suite 3
   Chantilly VA 20151-2929
7a. MAILING ADDRESS, IF DIFFERENT:

8. FORMULA NO. *(If any)*:
9. LAB. NO./DATE:
10. NET CONTENTS: 750ml
11. PHONE NUMBER: 7037638100
12. AGE *(Distilled Spirits)*:
13. ALCOHOL CONTENT: 12.5%
14. VINTAGE *(Wine products only, if stated on label)*: 2002
15. FAX NUMBER: 7035229894
16. TYPE OF APPLICATION *(Check applicable box)*
    a. [x] 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 ounces)*

17. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER *(e.g., caps, corkscrews, corks, etc.)* OTHER THAN THE LABELS AFFIXED BELOW, OR (b) EMBOSSED ON THE CONTAINER. 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 appear on the reverse of an original ATF F 5100.31, Certificate/Exemption of Label/Bottle Approval.

18. DATE OF APPLICATION: 4/8/03
19. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: Jennifer Gaines
20. TYPE NAME OF APPLICANT OR AUTHORIZED AGENT: Jennifer Gaines

PART III - ATF CERTIFICATE

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

21. DATE ISSUED: APR 21 2003
22. AUTHORIZED SIGNATURE, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS: Lisandra Morin

FOR ATF USE ONLY

QUALIFICATIONS

EXPIRATION DATE *(If any)*

AFFIX COMPLETE SET OF LABELS BELOW

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