OMB No. 1513-0020 (01/31/200

TTB ID 10246-000-000033

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)* 1014 | CT | OR

2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. *(Required)* VA-I-416

3. SOURCE OF PRODUCT *(Required)* ☒ Domestic ☒ Imported

4. SERIAL NUMBER *(Required)* YEAR 10-674

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

6. BRAND NAME *(Required)* NETZL

7. FANCIFUL NAME *(If any)* ANNA-CHRISTINA

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)*
Select Wines, Inc.
14000 Willard Rd., Suite 3
Chantilly, VA 20151-2529

8a. MAILING ADDRESS, IF DIFFERENT

9. EMAIL ADDRESS Kate.Norris@SelectWinesInc.com

10. FORMULA/SOP NO. *(If any)*

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

12. NET CONTENTS 750 ML

13. ALCOHOL CONTENT 14%

14. WINE APPELLATION *(If on label)* AUSTRIA - CARNUNTUM

15. WINE VINTAGE DATE *(If on label)* 2006

16. PHONE NUMBER 703-631-8100

17. FAX NUMBER 703-222-9844

18. TYPE OF APPLICATION *(Check applicable box(es))*
a. ☒ CERTIFICATE OF LABEL APPROVAL
b. ☐ CERTIFICATE OF EXEMPTION FROM LABEL APPROVA *"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 10221-000-000025

19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER *(e.g., caps, celoseals, 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.

20. DATE OF APPLICATION 8/3/10

21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Kate Norris

22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT Kate Norris

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 SEP 23 2010

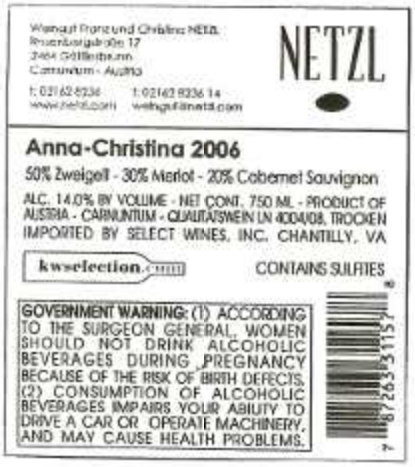
24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

*** FOR TTB USE ONLY**

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW *(See General Instructions 4, 6 and 7)*



FRONT

BACK