



**TEXAS ALCOHOLIC BEVERAGE COMMISSION  
CERTIFICATE OF APPROVAL OF LABELS FOR  
WINE**

**Date: December 12, 2013**

**Label Certificate Number: 859308**

**Pursuant to the application of : WINGS  
Holder of permit/license number : S769997**

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**Brand : CHATEAU D'ARMAILHAC  
Class : RED BORDEAUX WINE  
Vintage : 2004  
Appellation : PAUILLAC  
Style : N/A  
Size(s) : 750 ML  
Container Type : N/A  
Container Material : N/A  
Stated Alc. Content : 13% ALC/VOL  
Tested Alc. Content : N/A  
TTB Number : 12009000000006**

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**are hereby approved with the same conditions and restrictions as the Federal Certificate of Label Approval (COLA) issued by the Department of Treasury (TTB). If label changes require a new Federal COLA(s) to be obtained, new Texas label approval will also be required.**

**This certificate shall not operate to relieve any person from liability for any violation of the Federal Alcohol Administration Act, the Texas Alcoholic Beverage Code, or any Rules and Regulations thereunder, resulting from the failure of any container bearing the labels herein approved, or the contents of such container, to conform to the statements and representations made on such labels.**

**Label Approval Section  
Tax Division  
[Label.Approval@tabc.state.tx.us](mailto:Label.Approval@tabc.state.tx.us)**

**c/o WINGS  
189 RUE GEORGES MANDEL  
BORDEAUX, 33000**



# TABC

TEXAS ALCOHOLIC BEVERAGE COMMISSION  
service ★ courtesy ★ integrity ★ accountability

## TEXAS ALCOHOLIC BEVERAGE COMMISSION

OMB No. 1513-0020 (03/31/2012)

|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                        |                                                                                                                                   |
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| FOR TTB USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    | DEPARTMENT OF THE TREASURY<br>ALCOHOL AND TOBACCO TAX AND TRADE BUREAU<br>APPLICATION FOR AND CERTIFICATION OF<br>LABEL/BOTTLE APPROVAL<br>(See Instructions and Paperwork Reduction Act Notice Below) |                                                                                                                                   |
| TTB ID<br>12009-000-000006                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    | PART I - APPLICATION                                                                                                                                                                                   |                                                                                                                                   |
| 1. REP. ID. NO. (If any)<br>1014                                                                                                                                                                                                                                                                                                                                                                                | 8057                                                                                                                                                               | 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)                                       |                                                                                                                                   |
| 2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)<br>TX-I-15245                                                                                                                                                                                                                                                                                                                                            | 3. SOURCE OF PRODUCT (Required)<br><input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Imported                                                  | UNITED WINE AND SPIRITS, LLC<br>3898 DISTRIBUTION BLVD.<br>HOUSTON, TX 77018                                                                                                                           |                                                                                                                                   |
| 4. SERIAL NUMBER (Required)<br>YEAR: 12 16                                                                                                                                                                                                                                                                                                                                                                      | 5. TYPE OF PRODUCT (Required)<br><input checked="" type="checkbox"/> WINE<br><input type="checkbox"/> DISTILLED SPIRITS<br><input type="checkbox"/> MALT BEVERAGES | 8a. MAILING ADDRESS, IF DIFFERENT                                                                                                                                                                      |                                                                                                                                   |
| 6. BRAND NAME (Required)<br>Chateau d'Armailhac                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                        |                                                                                                                                   |
| 7. FANCIFUL NAME (If any)                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                                                                                                        |                                                                                                                                   |
| 9. E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                               | 10. FORMULA/SOP NO. (If any)                                                                                                                                       | 11. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any)                                                                                                                                                     | 12. TYPE OF APPLICATION (Check applicable box(es))                                                                                |
| 12. NET CONTENTS<br>750 mL                                                                                                                                                                                                                                                                                                                                                                                      | 13. ALCOHOL CONTENT<br>13%                                                                                                                                         | 14. WINE APPELLATION (If on label)<br>PAUILLAC                                                                                                                                                         | a. <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL                                                              |
| 15. WINE VINTAGE DATE (If on label)<br>2004                                                                                                                                                                                                                                                                                                                                                                     | 16. PHONE NUMBER<br>713-696-9463                                                                                                                                   | 17. FAX NUMBER<br>713-696-9465                                                                                                                                                                         | b. <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL<br>"For sale in _____ only" (Fill in State abbreviation) |
| 19. 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. |                                                                                                                                                                    |                                                                                                                                                                                                        | c. <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount)             |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                        | d. <input type="checkbox"/> RESUBMISSION AFTER REJECTION<br>TTB ID _____                                                          |

English translation of French text on back of form

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| 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<br>1-6-2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT<br><i>Jay Broddon</i>                   | 22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT<br>JAY BRODDON |
| 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<br>JAN 20 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU<br><i>James Kim</i> |                                                                |

### QUALIFICATIONS

TTB has not reviewed this label for type size, characters per inch or contrasting background. The responsible industry member must continue to ensure that the mandatory information on the actual labels is displayed in the correct type size, number of characters per inch, and on a contrasting background in accordance with the TTB labeling regulations, 27 CFR parts 4, 5, 7, and 16, as applicable.

EXPIRATION DATE (If any)

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

