



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

Date: 10/08/2009

Label Certificate Number: 733776

Pursuant to the application of : JOSEPH PHELPS VINEYARDS

Holder of permit/license number : S667488

**Brand : JOSEPH PHELPS INSIGNIA
Class : CABERNET SAUVIGNON-PETIT VERDOT-MERLOT
Vintage : 2006
Appellation : NAPA VALLEY
Style : N/A
Size(s) : 750ML 1.5L
Container Type : BOTTLE
Container Material : GLASS
Stated Alc. Content : 14.5%
Tested Alc. Content : N/A
TTB Number : 09163000000050**

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

**c/o JOSEPH PHELPS VINEYARDS
145 LEGACY CT
NAPA, CA 94559**

TEXAS ALCOHOLIC BEVERAGE COMMISSION

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OMB No. 1513-0028 (03/31/2012)

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)

PART I - APPLICATION

1. SOURCE OF PRODUCT (Required)
☒ Domestic ☐ Imported

2. 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)
Joseph Phelps Vineyards LLC
300 Taplin Road
St. Helena, CA 94574

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

4. NAME (Required)
Joseph Phelps

5. E-MAIL ADDRESS
edels@jphvineyards.com

6. FORMULA/SOP NO. (If any)

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

8. TYPE OF APPLICATION (Check applicable box(es))
a. ☐ 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 amount)
d. ☐ RESUBMISSION AFTER REJECTION TTB ID: _____

9. WINE VINTAGE (Date (if on label))
2005

10. ALCOHOL CONTENT
14.5%

11. WINE APPELLATION (If on label)
Napa Valley

12. PHONE NUMBER
707-967-3710

13. FAX NUMBER
707-963-4831

14. SHOW ANY WORDING (S) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW OR IN BLOWN, BRANDED, OR EMBOSSED ON THE CONTAINER (e.g., no cork, 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.
net content to be blown onto bottle,

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 contents 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
06/04/09

21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT
Evelyn Deis

22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT
Evelyn Deis

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
JUN 2 9 2009

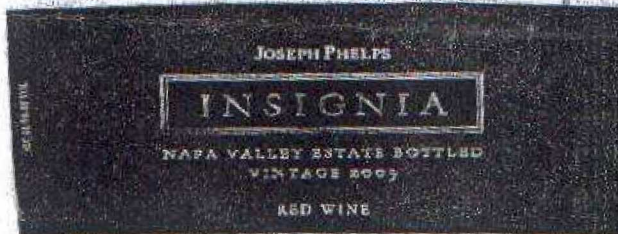
24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
A. L. Smith

FOR TTB USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW (See General Instructions 4, 5, and 7)



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