

|                                 |                 |                 |                                                                                                                                                                                                                                                          |
|---------------------------------|-----------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FOR TTB USE ONLY</b>         |                 |                 | <b>DEPARTMENT OF THE TREASURY</b><br><b>ALCOHOL AND TOBACCO TAX AND TRADE BUREAU</b><br><b>APPLICATION FOR AND</b><br><b>CERTIFICATION/EXEMPTION OF LABEL/BOTTLE</b><br><b>APPROVAL</b><br>(See Instructions and Paperwork Reduction Act Notice on Back) |
| <b>TTB ID</b><br>14162001000302 |                 |                 |                                                                                                                                                                                                                                                          |
| <b>1. REP. ID. NO. (If any)</b> | <b>CT</b><br>80 | <b>OR</b><br>52 |                                                                                                                                                                                                                                                          |

### PART I - APPLICATION


|                                                                             |                                                                                                                                                                          |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)</b><br>NY-I-15266 |                                                                                                                                                                          | <b>3. SOURCE OF PRODUCT (Required)</b><br><input type="checkbox"/> Domestic<br><input checked="" type="checkbox"/> Imported | <b>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 LABEL (Required)</b><br><br>THE CLUSTER USA, OLE IMPORTS LLC<br>56 HARRISON ST , SUITE 405<br><br>NEW ROCHELLE NY 10801<br><br>OLE (Used on label)                                                                                                                                                                                           |  |
| <b>4. SERIAL NUMBER (Required)</b><br>140539                                | <b>5. TYPE OF PRODUCT (Required)</b><br><input checked="" type="checkbox"/> WINE<br><input type="checkbox"/> DISTILLED SPIRITS<br><input type="checkbox"/> MALT BEVERAGE |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>6. BRAND NAME (Required)</b><br>MAGAÑA                                   |                                                                                                                                                                          | <b>8a. MAILING ADDRESS, IF DIFFERENT</b>                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>7. FANCIFUL NAME (If any)</b>                                            |                                                                                                                                                                          |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>9. EMAIL ADDRESS</b><br>MAGDA@OLEIMPORTS.COM                             | <b>10. GRAPE VARIETAL(S) (If any)</b><br>100% Merlot                                                                                                                     | <b>11. FORMULA</b>                                                                                                          | <b>18. TYPE OF APPLICATION (Check applicable box(es))</b><br>a. <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL<br>b. <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL<br>"For sale in _____ only" (Fill in State abbreviation.)<br>c. <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL.<br>TOTAL BOTTLE CAPACITY BEFORE CLOSURE _____ (Fill in amount)<br>d. <input type="checkbox"/> RESUBMISSION AFTER REJECTION<br>TTB ID. NO. _____ |  |
| <b>12. NET CONTENTS</b><br>1.5 LITERS<br>3 LITERS                           | <b>13. ALCOHOL CONTENT</b><br>14                                                                                                                                         | <b>14. WINE APPELLATION IF ON LABEL</b><br>NAVARRA                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>15. WINE VINTAGE DATE IF ON LABEL</b><br>2001                            | <b>16. PHONE NUMBER</b><br>(914) 740-4724                                                                                                                                | <b>17. FAX NUMBER</b><br>(413) 254-8923                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

19. SHOW ANY INFORMATION THAT IS BLOWN, BRANDED, OR EMBOSSED ON THE CONTAINER (e.g., net contents) ONLY IF IT DOES NOT APPEAR ON THE LABELS AFFIXED BELOW. ALSO, SHOW 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.

|                    |                                                       |                                       |
|--------------------|-------------------------------------------------------|---------------------------------------|
| <b>20. DATE OF</b> | <b>21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT</b> | <b>22. PRINT NAME OF APPLICANT OR</b> |
|--------------------|-------------------------------------------------------|---------------------------------------|

|                                                                                                                                          |                                                                                                                                                                |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>APPLICATION</b><br>06/11/2014                                                                                                         | (Application w as e-filed)                                                                                                                                     | <b>AUTHORIZED AGENT</b><br>PATRICIO MATA |
| <b>PART III - TTB CERTIFICATE</b>                                                                                                        |                                                                                                                                                                |                                          |
| This certificate is issued subject to applicable laws, regulations and conditions as set forth in the instructions portion of this form. |                                                                                                                                                                |                                          |
| <b>23. DATE ISSUED</b><br>07/24/2014                                                                                                     | <b>24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU</b><br> |                                          |

| <b>FOR TTB USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>QUALIFICATIONS</b><br>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. | <b>EXPIRATION DATE (If any)</b> |
| <b>STATUS</b><br>THE STATUS IS APPROVED.                                                                                                                                                                                                                                                                                                                                                                                               |                                 |
| <b>CLASS/TYPE DESCRIPTION</b><br>TABLE RED WINE                                                                                                                                                                                                                                                                                                                                                                                        |                                 |

AFFIX COMPLETE SET OF LABELS BELOW

Image Type:

Brand (front)

Actual Dimensions: 3.88 inches W X 2.05 inches H

**MAGAÑA MERLOT 2001**

**100% MERLOT**

1.5L e ALC. 14% BY VOL. 14% ALC./VOL., 1.5L

**GOVERNMENT WARNING:** (1) ACCORDING TO THE SURGEON GENERAL, WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH DEFECTS. (2) CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY, AND MAY CAUSE HEALTH PROBLEMS.



IN THE USA, IMPORTED  
BY: OLE, NEW  
ROCHELLE, NY 10801

RED WINE / VIN ROUGE / PRODUCT OF SPAIN  
PRODUIT D'ESPAGNE / CONTAINS SULFITES  
ENTHÄLT SULFITE / CONTIENE SOLFITI

EMBOTELLADO POR: BODEGAS VIÑA MAGAÑA,  
S.L., BARILLAS, ESPAÑA NRE-31/40336-NA

ME 15¢ 1A 5¢

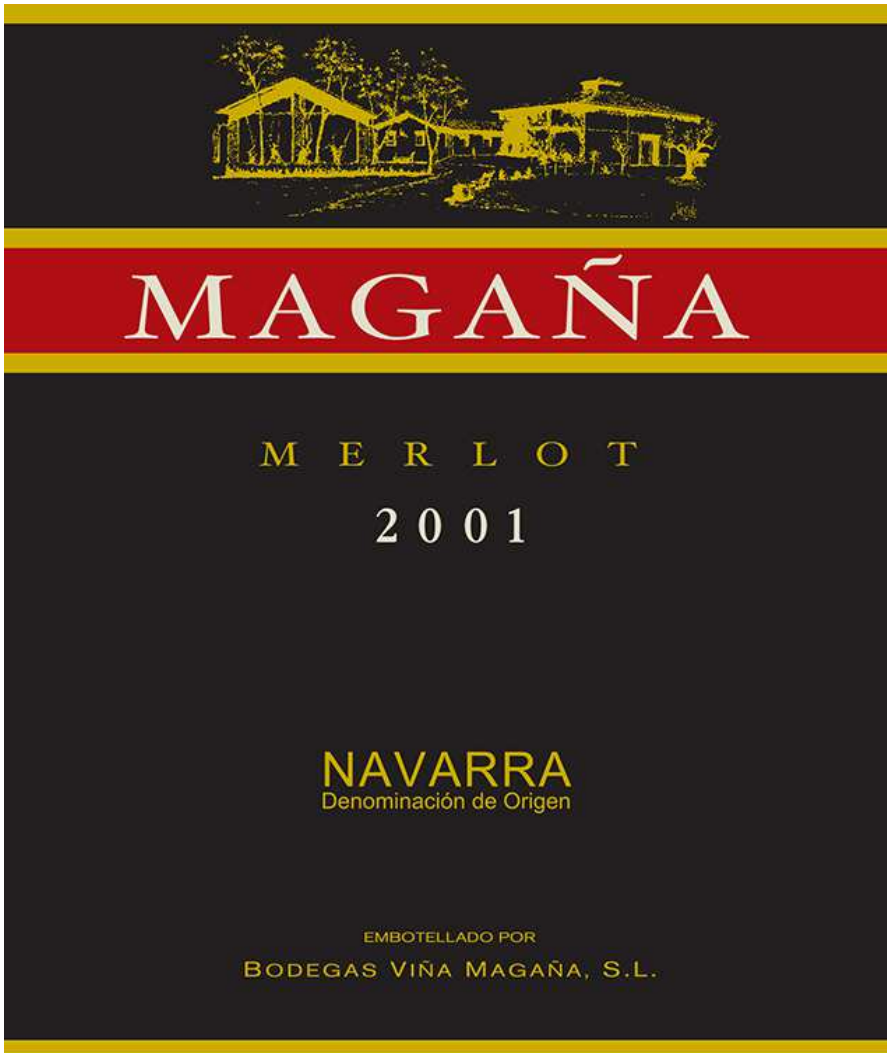
**NAVARRA**  
DENOMINACIÓN DE ORIGEN



Image Type:

Back

Actual Dimensions: 4.33 inches W X 5.11 inches H



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**TTB F 5100.31** (7/2012) PREVIOUS EDITIONS ARE OBSOLETE