

Certification of Natural Wine Imported into the United States

1. Producer name and address

Harel Vineyards
Kibbutz Harel 99740
Israel

2. Description of wine:

Clos de Gat 2005 Dry red wine, Israel

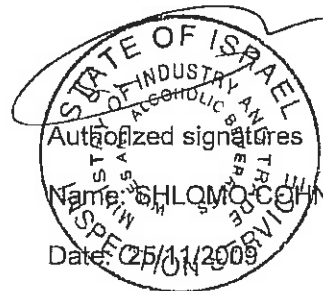
3. Check applicable box:

- a. Producing country certification and laboratory analysis results completed below.
- b. Self certification by importer completed below. An importer must be able to demonstrate the nature of the ownership or control as well as the nature of any affiliation.

4. Certification – I certify that the practices and procedures used to produce the wine described in block 2 constitute proper cellar treatment under 26 U.S.C 5382 and 27 CFR 27.140

Name and address of certifying entity

State of Israel
Inspection Service
Ministry of Industry and Trade
Wines and Alcoholic Beverages



5. Analysis for wine described in block 2

Serial number: GT-3-08/ 006

Percentage alcohol (actual) by volume: 15.1%

Signature:

Total sulphur dioxide (ppm): 61

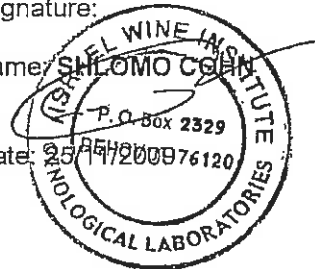
Name: SHLOMO COHN

Volatile acidity (grams per 100 ml): 0.083

Date: 25/11/2009

Name and address of laboratory:

The Israel Wine Institute
4 Haraz Street POBox 2329
Rehovot 76120
Israel



6. TTB label approval identification number (required if certification is submitted subsequent to label approval):

0924-003-000013

FOR TTIB USE ONLY
 TTB ID# 09294-003-030013

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)		3. SOURCE OF PRODUCT (Required) <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Imported		PART I - APPLICATION	
2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required) NY-I-15369		5. TYPE OF PRODUCT (Required) <input checked="" type="checkbox"/> WINE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> MALT BEVERAGES		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) Solstaxs, INC. 675 Madison Ave 10th Floor, Room 69 New York NY 10022 USA	
4. SERIAL NUMBER (Required) YEAR: 09 - 0375		6. MAILING ADDRESS, IF DIFFERENT MDN LTD/Solstaxs 272 Flancons Rd Manhasset NY		10. TYPE OF APPLICATION (Check applicable box(es)) a. <input type="checkbox"/> CERTIFICATE OF LABEL APPROVAL b. <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "For sale in _____ only" (Fill in State abbreviation) c. <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE (Fill in amount) d. <input type="checkbox"/> RESUBMISSION AFTER REJECTION TTB ID	
6. BRAND NAME (Required) CLOS DE GAT		7. FANCIFUL NAME (If any)		11. LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any)	
9. EMAIL ADDRESS jappel@mbw114.com		10. FORMULA/SOP NO. (If any)		12. NET CONTENTS 750 ML	
12. NET CONTENTS 750 ML		13. ALCOHOL CONTENT 14.5%		14. WINE APPELLATION (If on label) JUDEAN HILLS	
15. WINE VINTAGE DATE (If on label) 2005		16. PHONE NUMBER 516 869-9170		17. FAX NUMBER 516 869-3833	
19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, capsules, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., hot carimbols, 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. BRAND NAME, PRODUCER NAME, AND GRAPHICS MAY REPEAT ON CAP, CAPSULE OR BOTTLE NECK.					

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 10/19/09	21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <i>Justin Appel</i>	22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT Justin Appel
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PART III - TTIB 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 OCT 27 2009	24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU <i>Robert M. Foster</i>
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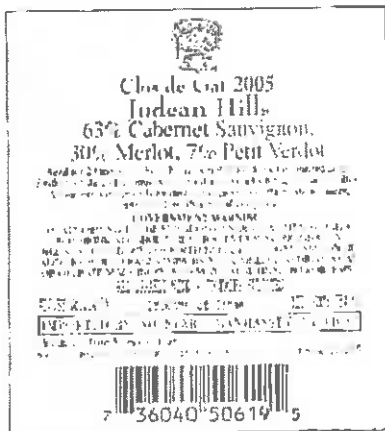
QUALIFICATIONS

25. WHEN NEW LABELS ARE USED, ALL MANDATORY INFORMATION EXCLUDING THE ALCOHOL CONTENT MUST APPEAR IN PRINTING NOT SMALLER THAN TWO MILLIMETERS.

Government Warning Statement

EXPIRATION DATE (If any)

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



THIS LABEL MUST APPEAR ON THE CONTAINER.

