

Certification of Natural Wine Imported into the United States

1. Producer name and address

Harel Vineyards
Kibbutz Harel 99740
Israel

2. Description of wine:

Chardonnay 2007 Dry white 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

Percentage alcohol (actual) by volume: 14.6%

Total sulphur dioxide (ppm): 75

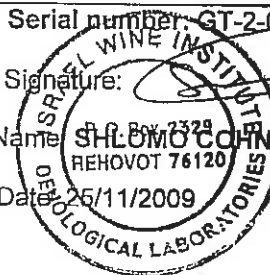
Volatile acidity (grams per 100 ml): 0.059

Serial number: GT-2-09/005

Signature: 

Name: SHLOMO COHN
P.O. Box 2329
REHOVOT 76120

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):

09204-003-000015

TTB ID: 09294-003-000015

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) NY-I-15369		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)		4. SERIAL NUMBER (Required) YEAR: 09 03 77		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) Solstars, INC. 575 Madison Ave 10th Floor, Room 59 New York NY 10022 USA	
6. BRAND NAME (Required) CLOS DE GAT		5. TYPE OF PRODUCT (Required) <input checked="" type="checkbox"/> WINE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> MALT BEVERAGES		8a. MAILING ADDRESS, IF DIFFERENT 272 Plandome Rd Manhasset NY	
7. FANCIFUL NAME (if any)		9. EMAIL ADDRESS jappel@maheltd.com		10. FORMULA/SOP NO (if any)	
12. NET CONTENTS 750 ML		13. ALCOHOL CONTENT 14.3%		14. WINE APPELLATION: (if on label) JUDEAN HILLS	
15. WINE VINTAGE DATE (if on label) 2007		16. PHONE NUMBER 516 869-9170		17. FAX NUMBER 516 869-3833	
11. LAB NO. & DATE/PRE-IMPORT NO. & DATE (if any)					
18. TYPE OF APPLICATION (Check applicable box(es)) a <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL b <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL "File only 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: _____"					
19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, spacers, cork, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., neck labels, 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 those 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 10/13/09	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 - TTB CERTIFICATE

This certificate is issued subject to applicable laws, regulations and conditions 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>John M. Fisher</i>
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FOR TTB USE ONLY

QUALIFICATIONS

Government Warning Statement

EXPIRATION DATE (if any)

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

