

87.00

S-4-00

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027

08-19-2000

U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK



101437252

Re

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment  
Effective Date  
Month Day Year
- Merger
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year

Formerly

75625630

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

- Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation  Association
- Other

Citizenship/State of Incorporation/Organization

05/30/2000 JSHABAZZ 00000000 75625630

FOR OFFICE USE ONLY

01 FC:481 40.00 OP  
02 FC:482 250.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK  
REEL: 002128 FRAME: 0972

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s)  Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text" value="75625630"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1783602"/>	<input type="text" value="1938243"/>	<input type="text" value="1915294"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2328268"/>	<input type="text" value="1939531"/>	<input type="text" value="1952611"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2292534"/>	<input type="text" value="2069502"/>	<input type="text" value="1838058"/>

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: #

Authorization to charge additional fees: Yes  No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Warren L. Dranit

May 1, 2000

Name of Person Signing

Signature

Date Signed

RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship State of Incorporation/Organization

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached (Designation must be a separate document from the Assignment.)

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2126423	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment A  
to  
Recordation Form Cover Sheet

Conveying Party: The Estates Group

Receiving Party: Tuolumne River Vintners Group

Composed of:

E.T.K, Inc., a California corporation  
175 Fourth Street East  
Sonoma, CA 95476

Majic Vine, Inc., a California corporation  
700 Denmark Street  
Vineburg, CA 95487

Lucinco, Inc., a California corporation  
25200 Arnold Drive  
Sonoma, CA 95476

ASSIGNED FILE NO.

991724

OFFICE OF THE SONOMA COUNTY CLERK  
2300 County Center Dr., Ste. B-17  
Santa Rosa, CA 95403

This space for use of County Clerk

FILED

APR 30 1999

SONOMA COUNTY CLERK  
BY RAUL REYNOSO  
Deputy Clerk

SEE REVERSE SIDE  
FOR INSTRUCTIONS

New Fictitious Business Name Statement

Refile - with no changes  
Statement expires

Previous File No. \_\_\_\_\_

FILING FEE

\$26.00 - FOR FIRST BUSINESS NAME ON STATEMENT  
\$ 7.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON  
SAME STATEMENT AND DOING BUSINESS AT THE  
SAME LOCATION  
\$ 7.00 - FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE  
OWNER

FICTITIOUS BUSINESS NAME STATEMENT

THE NAME(S) OF THE BUSINESS(ES)

\* TUOLUMNE RIVER VINTNERS GROUP

Print Fictitious Name(s)

\*\* LOCATED AT 389 FOURTH STREET EAST P.O. BOX 600  
Street address of business. If no street address is assigned, give exact location of business plus P.O. Box or Rural Route Mailing Address  
IN SONOMA, CA 95476 VINEBURG, CA 95476  
City and Zip City and Zip

IS (ARE) HEREBY REGISTERED BY THE FOLLOWING OWNER(S):

\*\*\* ① E.T.K., INC.

Full Name  
175 FOURTH STREET EAST  
Residence Address  
SONOMA, CA 95476  
City State Zip  
CALIFORNIA  
If Corporation, show state of incorporation, If Limited Liab. Co. show state of organization

② MAJIC VINE, INC.

Full Name  
700 DENMARK STREET  
Residence Address  
VINEBURG, CA 95487  
City State Zip  
CALIFORNIA  
If Corporation, show state of incorporation, If Limited Liab. Co. show state of organization

\*\*\* ③ LUCINCO, INC.

Full Name  
25200 ARNOLD DRIVE  
Residence Address  
SONOMA, CA 95476  
City State Zip  
CALIFORNIA  
If Corporation, show state of incorporation, If Limited Liab. Co. show state of organization

④

Full Name  
Residence Address  
City State Zip  
If Corporation, show state of incorporation, If Limited Liab. Co. show state of organization

If more than 4 Registrants, attach additional sheet showing owner information.

\*\*\*\* This business is conducted by:  an Individual  Individuals - Husband and Wife  a General Partnership  
 a Limited Partnership  a Corporation  a Business Trust  Co-Partners  a Joint Venture  
 an Unincorporated Association - other than a Partnership  Other (Specify) \_\_\_\_\_  
 Limited Liability Company

\*\*\*\* The registrant commenced to transact business under the fictitious name or names above on Dec. 18, 1998 B & P 17913  
Insert N/A if you haven't started to transact business.

SIGNATURE OF REGISTRANT *Don A. Sebastiani*

DON A. SEBASTIANI, PRESIDENT, E.T.K., INC. -- GENERAL PARTNER

Print name of person signing, if a corporate officer, also state title, if Limited Liab. Co., state title.

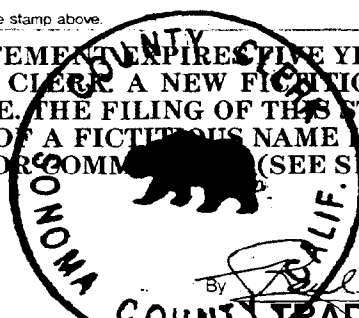
IN ALL COMMUNICATIONS WITH THE OFFICE OF THE COUNTY CLERK  
YOU MUST ENCLOSE A STAMPED, SELF-ADDRESSED ENVELOPE FOR OUR REPLY.

This statement was filed with the County Clerk of SONOMA COUNTY on the date indicated by the file stamp above.

NOTICE--THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THAT TIME. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMERCIAL LAWS (SEE SECTION 14400 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

EVEE T. LEWIS  
COUNTY CLERK



By *Raul Reynoso* Deputy

COUNTY TRADEMARK

RECORDED: 08/07/2000

REEL: 002128 FRAME: 0976