

Form PTO-1594
1-31-92

U.S. Department of Commerce
Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Our Ref.: FPP-4040-26
VIA FAX: 571-273-0140

Mail Stop Assignment Recordation Services

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

To the Commissioner for Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Winecorp (Pty) Ltd.

- Individual(s)
- General partnership
- Corporation-State: South Africa
- Other: _____
- Association
- Limited Partnership

2. Name and address of receiving party(ies):

Name: Spier Wines (Pty) Ltd
Internal Address: _____
Street Address: Annandale Road

City: Stellenbosch 7600
State/Country: South Africa
Zip: _____

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State South Africa
- Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

Designations must be a separate document from Assignment)
Additional name/s & address/es attached Yes No

3. Nature of conveyance:

- Assignment
- Security Assignment
- Other: _____
- Merger
- Change of Name

Execution Date: December 4, 2006

4. Application number(s) or registration number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Trademark Application No.(s)
(1) 76/624,939
(2) _____
(3) _____

B. Trademark Registration No.(s)
(1) _____
(2) _____
(3) _____

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Frank P. Presta
Internal Address: _____

Street Address: Nixon & Vanderhye P.C.
901 North Glebe Road
11th Floor

City Arlington State: VA Zip: 22203

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41)(8521; \$40) (8522; \$25)\$ 40.00
 Enclosed
 Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.

DO NOT USE THIS SPACE

9. Statements 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.

Frank P. Presta
Name of Person Signing


Signature

March 27, 2007
Date

Total number of pages including cover sheet, attachments and document: 2

FPP:lcb

GH \$40.00 141140 76624939

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CHANGE OF NAME ONLY – NO OTHER
DOCUMENTS REQUIRED FOR THIS
RECORDATION