7850613

CH 8(190)

Electronic Version v1.1 Stylesheet Version v1.1

 SUBMISSION TYPE:
 NEW ASSIGNMENT

 NATURE OF CONVEYANCE:
 CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type		
New Beverage Concepts, Inc.		04/24/2006	CORPORATION: OREGON		

RECEIVING PARTY DATA

Name:	Distillery No. 209 Ltd. Napa, California				
Street Address:	2416 E. 37th Street North				
City:	Wichita				
State/Country:	KANSAS				
Postal Code:	67219				
Entity Type: CORPORATION: OREGON					

PROPERTY NUMBERS Total: 7

Property Type	Number	Word Mark					
Serial Number:	78506137	BAY FOG					
Serial Number:	78842625	EDGE VODKA					
Serial Number:	76603303	FOG					
Registration Number:	3066055	NO 209.					
Registration Number:	3077256	SILVER EDGE					
Registration Number:	3011776	THE BEST IS GOOD ENOUGH					
Serial Number:	78260640	THE BIRD					

CORRESPONDENCE DATA

Fax Number: (415)882-3232

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: (415) 882-3200

Email: tmparalegal@owe.com

Correspondent Name: Melville Owen
Address Line 1: 455 Market Street

Address Line 2: Suite 1910

TRADEMARK REEL: 003592 FRAME: 0445

900083077

Address Line 4: San Francisco,	CALIFORNIA 94105				
ATTORNEY DOCKET NUMBER:	NBC 90001				
NAME OF SUBMITTER:	Melville Owen				
Signature:	/mo/				
Date:	07/30/2007				
Total Attachments: 1 source=NBC#page1.tif					

TRADEMARK REEL: 003592 FRAME: 0446

OF U.A.	
A Same	·
	ķ
Miles Mary	
449	

Phone: (503) 986-2200 Fax: (503) 378-4381

Articles of Amendment—Business/Professional/Nonprofit

Secretary of State Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327 Check the appropriate box below: BUSINESS/PROFESSIONAL CORPORATION (Complete only 1, 2, 3, 4, 6, 7)

FilingInOregon.com						ORPORATION 2, 3, 5, 6, 7)		FILED					
R	EGISTRY N	IMBER: 151	1150-17	7	· · · · ·						APR	28 200	16
											SECRET	DREGON TARY OF ST	FATC
In : We	accordance	with Oregon R	evised Statute	9 192.410-192	.490, the informa	ation	On	this applicatio	n is pu	blic rec	ord.		
		or Print Legibly			est and it will be	posu	вu	on our website	ð. 	···		. F	or office use only
1	NAME OF	CORPORATION	N PRIOR TO A	MENDMENT:	New Bevera	ge	Co	oncepts, In	c.		· · · · · · · · · · · · · · · · · · ·		
2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)													
	Article		·-··										
	Name a	und Duratio	on. The n	ame of this	S Corporatio	n is	D	Distillery N	o. 20	9 Ltd.	Napa, Ca	ifornia	
	and its	duration sl	hall be per	petual.				······································	······································				
3)	THE AMEN	IDMENT WAS	ADOPTED ON:	April 24,	2006			·					
	(If more than	n one amendme	ent was adopted	, identify the dat	e of adoption of ea	ch an	ner	ndment.)					
		Business/Professional Corporation Only						·	No	NPROFI	r Corporatio	ONLY	
4)		E APPROPRIA				- 1	5)	CHECK THE APPROPRIATE STATEMENT					
	Vote wa	Shareholder action was required to adopt the amendment(s). The vote was as follows:				'		Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.					
	Class or series of shares	series of shares votes entitled votes cast		Number of votes cast AGAINST		Membership approval was required. The membership vote was as follows:							
	CMN	9595	9595	9595	0			Class(es) entitled to vote	me	nber of mbers d to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of voies cast AGAINST
	The am	older action was endment(s) was older action.	as not require as adopted by	d to adopt the the board of	amendment(s). directors without								
	action v	vas not require nent(s) was ac	ed to adopt the	amendment(ck. Shareholder s). The or by the board		L		1,				<u> </u>
6)	EXECUTION Signature	1		Pri	inted Name					Title	·*···		
	$-\frac{1}{2}$	WU		<u>L</u>	eslie G. Rud	d				Pres	ident		
7)	CONTACT N	CONTACT NAME (To resolve questions with this filing.)									F	EES	
	Jeffrey Bloomer								Required Processing Fee \$50				
	DAYTIME PI	ME PHONE NUMBER (Include area code.)								No Fee for Nonprofit Type Change Only Confirmation Copy (Optional) \$5			
			·							Processing Fees are nonrefundable. Please make check payable to "Corporation Division."			
	(310) 83	1-9958 Ex	t. 12//							NOTE:		•	
										and expe	y be paid with VISA ration date should to protection.	or MasterCard." Se submitted on a	The card number separate sheet

113 (Rev. 3/04)

RECORDED: 07/30/2007

REEL: 003592 FRAME: 0447

TRADEMARK