FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 11-16-2000

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# RECORDATION FORM COVER SHEET

IRAUE	MARKS ONLY							
	: Please record the attached original document(s) or copy(les).							
Submission Type	Conveyance Type							
_x New	License   License							
Resubmission (Non-Recordation)	Security Agreement Nunc Pro Tunc Assignment							
Document ID #	Effective Date Month Day Year							
Correction of PTO Error Reel # Frame #	Merger Month Day Year							
Corrective Document	X Change of Name							
Reel # Frame #	Other							
Conveying Party  Mark if additional names of conveying parties attached Execution Date								
Name Artisans & Estates, LLC	Month Day Year   10182000							
Formerly	767179							
Individual General Partnership Limited Partnership Corporation Association								
x Other Limited Liability Company								
Citizenship/State of Incorporation/Organization     Delaware								
Receiving Party Mark if additional names of receiving parties attached								
Name Artisan Cellars, LLC								
DBA/AKA/TA								
DBA/AKA/TA  Composed of								
Composed of								
Composed of  Address (line 1)  421 Aviation Boulevard								
Composed of								
Composed of  Address (line 1)  421 Aviation Boulevard	CA 95403							
Composed of  Address (line 1)  421 Aviation Boulevard  Address (line 2)	State/Country Zip Code Limited Partnership If document to be recorded is an assignment and the receiving party is							
Composed of  Address (line 1) 421 Aviation Boulevard  Address (line 2) Santa Rosa City	State/Country Zip Code 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							
Composed of  Address (line 1) 421 Aviation Boulevard  Address (line 2)  Address (line 3) Santa Rosa  City  Individual General Partnership	State/Country Zip Code  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.							
Composed of  Address (line 1) 421 Aviation Boulevard  Address (line 2)  Address (line 3) Santa Rosa City  Individual General Partnership  Corporation Association	State/Country 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.)							
Address (line 1) 421 Aviation Boulevard  Address (line 2) Address (line 3) Santa Rosa City Individual General Partnership Corporation Association  X Other Limited Liability Company  X Citizenship/State of Incorporation/Organiza	State/Country 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.)							

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 (0551-0027), 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: 002175 FRAME: 0946

U.S. Department of Commerce Patent and Trademark Office

TRADEMARK

FORM PTO Expires 06/30/99 OMB 0651-0027	D-1618B		Pater	Department of Commerce nt and Trademark Office TRADEMARK				
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 415-421-6500								
Name Jeffrey A. O'Connell								
Address (line 1	dress(line 1) Shartsis, Friese & Ginsburg, LLP							
Address (line 2	ne 2) Eighteenth Floor							
Address (line 3								
Address (line 4) San Francisco, CA 94111								
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).								
		plication Num	ber(s)	Regist	tration Number(	s)		
7579717	79							
7602255	53							
7802233	38							
Number of Properties Enter the total number of properties involved. # three (3)								
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 90.00								
Method of Payment: Enclosed X 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.								
Susan C	C. Cagann		Suran	Co	10/1	9/00		
Name of Person Signing		Signing		Signature		Date Signed		

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## State of Delaware

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "ARTISANS & ESTATES,

LLC", CHANGING ITS NAME FROM "ARTISANS & ESTATES, LLC" TO

"ARTISAN CELLARS, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD

DAY OF AUGUST, A.D. 2000, AT 4:30 O'CLOCK P.M.



Edward J. Freel, Secretary of State

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AUTHENTICATION: 0636405

DATE: 08-24-00

TRADEMARK REEL: 002175 FRAME: 0948

## AMENDED RESTATED CERTIFICATE OF FORMATION

#### OF

### ARTISANS & ESTATES, LLC

#### It is hereby certified that:

- 1. The name of the limited liability company (hereinaster called the "LLC") is Artisaus & Estates, LLC
- 2. The Amended and Restated Certificate of Formation of the LLC is hereby amended striking out the FIRST Paragraph thereof and by substituting in lieu of said FIRST Paragraph the following new Paragraph:

EIRST:

The name of the Limited Liability Company Artisan Cellars, LLC

3. This Amended and Restated Certificate of Formation of the LLC herein certified was duly adopted, pursuant to the provisions of Section 18-202 of the General Corporation Law of the State of Delaware.

Signed on August 21, 2000

ARTISANS & ESTATES, LLC

By: BARBARA R. BANKE, Manager

ATTEST:

By: SUSAN C. CAGANN, Septetary

I/KJAK/5Y5/Gioupsilegal/Compliance/Arteans & literray | I.C.Amggdod Continente IX Formation (ARE) # 21 00.00c

**RECORDED: 11/03/2000** 

TRADEMARK REEL: 002175 FRAME: 0949