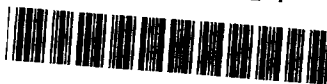


01-19-2001



101568989

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

11.3.00
IN-HOUSE

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
- Merger Change of Name
Effective Date
Month Day Year _____
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Name Artisans & Estates, LLC Execution Date
Month Day Year 10182000

Formerly _____ 75797179

- Individual General Partnership Limited Partnership Corporation Association
- 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 _____

Composed of _____

Address (line 1) 421 Aviation Boulevard

Address (line 2) _____

Address (line 3) Santa Rosa CA 95403
City State/Country Zip Code

- Individual General Partnership Limited Partnership Corporation Association
- Other Limited Liability Company
- Citizenship/State of Incorporation/Organization Delaware

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.)

FOR OFFICE USE ONLY

11/14/2000 MTHAI1 00000372 75797179

01 FC:481 40.00 OP
02 FC:482 50.00 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

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="75797179"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text" value="76022553"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text" value="78022338"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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.

Susan C. Cagann

10/19/00

Name of Person Signing

Signature

Date Signed

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.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

3065470 8100

AUTHENTICATION: 0636405

001428057

DATE: 08-24-00

TRADEMARK
REEL: 002179 FRAME: 0433

AMENDED RESTATED CERTIFICATE OF FORMATION

OF

ARTISANS & ESTATES, LLC

It is hereby certified that:

1. The name of the limited liability company (hereinafter called the "LLC") is Artisans & 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:

FIRST:

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, Secretary

In connection with the recordation of the name change of Applicant from "Artisans & Estates, LLC" to "Artisan Cellars, LLC" for the above-referenced applications, enclosed are the following materials:

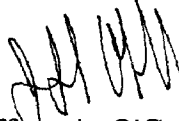
1. Cover Sheet of Recording Documents.
2. A true copy of the Amended Restated Certificate of Formation of Artisans & Estates, LLC changing its name to "Artisan Cellars, LLC".
3. A check in the amount of \$90 for the required fees.

In connection with the recordation of the name change of Applicant from "Artisan Cellars, LLC" to "Jackson Family Farms, LLC" for the above-referenced applications, enclosed are the following materials:

1. Cover Sheet of Recording Documents.
2. A true copy of the Second Amended Certificate of Formation of Artisans Cellars, LLC changing its name to "Jackson Family Farms, LLC".
3. A check in the amount of \$90 for the required fees.

If you have any questions regarding this matter, please contact the undersigned. Thank you for your prompt attention to this matter.

Very truly yours,



Jeffrey A. O'Connell

JAO:sje
Enclosures

cc: Ms. Beth Shelton
Susan Cagann, Esq.

CERTIFIED MAIL CERTIFICATION

"Certified Mail" receipt label number: 7000 0520 0020 9782 4048

Date of Deposit: October 30, 2000

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Certified Mail -- Return Receipt Requested Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above in an envelope addressed to: Commissioner of Patents and Trademarks, Box Assignments, Washington, DC 20231, on October 30, 2000.

Name: Sally J. Erwin
Signature: Sally J. Erwin
Signature Date: October 30, 2000

JAO\2166\040\1120903.01