

TRADEMARK ASSIGNMENT

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
Davies & Gamble, LLC		06/23/2009	LIMITED LIABILITY COMPANY: CALIFORNIA

RECEIVING PARTY DATA

Name:	Gamble Family Vineyards, LLC
Street Address:	P.O. Box 128
City:	Oakville
State/Country:	CALIFORNIA
Postal Code:	94562
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA

PROPERTY NUMBERS Total: 7

Property Type	Number	Word Mark
Registration Number:	3092311	MOUNT ST. HELENA BRAND
Registration Number:	3061075	SOURCE
Registration Number:	3201384	FAMILY HOME
Registration Number:	3046158	TRUE TO THE VINEYARD
Registration Number:	2943482	
Registration Number:	3580915	HEMELGROWN
Registration Number:	2765202	DAVIES & GAMBLE

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: tmparalegal3@owe.com
 Correspondent Name: Gregory N. Owen
 Address Line 1: 455 Market Street, Suite 1910

CH \$190.00 3092311

Address Line 4: San Francisco, CALIFORNIA 94105

ATTORNEY DOCKET NUMBER: GAMBLE 90001

NAME OF SUBMITTER: Gregory N. Owen

Signature: /Gregory N. Owen/

Date: 11/12/2009

Total Attachments: 3

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State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not enter if name is preprinted.)

GAMBLE FAMILY VINEYARDS, LLC

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

JUL 03 2009

This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200110010051

3. STATE OR PLACE OF ORGANIZATION

CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

7554 ST. HELENA HWY

CITY AND STATE

OAKVILLE, CA

ZIP CODE

94562

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

7554 ST. HELENA HWY

CITY

OAKVILLE

STATE

CA

ZIP CODE

94562

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

G. THOMAS GAMBLE

7554 ST. HELENA HWY

OAKVILLE, CA

94562

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1502 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

WYMAN SMITH

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

1000 MAIN STREET, 3RD FLOOR

CITY

NAPA

STATE

CA

ZIP CODE

94559

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

WINE PRODUCTION AND SALES

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

G. THOMAS GAMBLE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

MEMBER

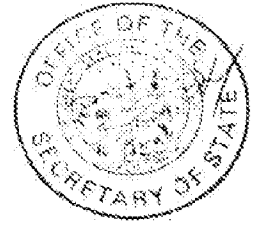
TITLE

6-23-09

DATE

LLC 12 (REV 03/2007)

APPROVES BY SECRETARY OF STATE



State of California
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JUL - 8 2009

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

JUN 30 2009

**LIMITED LIABILITY COMPANY
RESTATED ARTICLES OF ORGANIZATION**

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200110010051	2. NAME OF LIMITED LIABILITY COMPANY: DAVIES & GAMBLE, LLC
3. NAME OF LIMITED LIABILITY COMPANY IF DIFFERENT FROM ITEM 2. (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY" OR "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") GAMBLE FAMILY VINEYARDS, LLC	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH: DAY: YEAR:	
5. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.	
6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS <input checked="" type="checkbox"/> AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 7. <input type="checkbox"/> A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 15005. PROCEED TO ITEM 8. AGENT'S NAME: <u>WYMAN SMITH</u>	
7. CALIFORNIA ADDRESS OF THE AGENT FOR SERVICE OF PROCESS. COMPLETE ONLY IF AN INDIVIDUAL. ADDRESS: <u>1000 MAIN STREET, 3RD FLOOR</u> CITY: <u>NAPA</u> STATE: <u>CA</u> ZIP CODE: <u>94559</u>	
8. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE) <input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input checked="" type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)	
9. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE THE LATEST DATE ON WHICH THE LIMITED LIABILITY IS TO DISSOLVE.	
10. TOTAL NUMBER OF PAGES ATTACHED, IF ANY:	
11. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <u>G. Thomas Gamble</u> <u>6-23-09</u> SIGNATURE OF AUTHORIZED PERSON DATE G. THOMAS GAMBLE MEMBER TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
12. RETURN TO: NAME: <u>WYMAN SMITH</u> FIRM: <u>GAW, VAN MALE</u> ADDRESS: <u>1000 MAIN STREET, 3RD FLOOR</u> CITY/STATE: <u>NAPA, CA 94559</u> ZIP CODE: _____	

