

OMB No. 1513-0020 (01/31/2009)

|                          |           |          |                                                                                                                                                                                                                                                              |
|--------------------------|-----------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FOR TTB USE ONLY</b>  |           |          | <b>DEPARTMENT OF THE TREASURY</b><br><b>ALCOHOL AND TOBACCO TAX AND TRADE BUREAU</b><br><b>APPLICATION FOR AND</b><br><b>CERTIFICATION/EXEMPTION OF LABEL/BOTTLE</b><br><b>APPROVAL</b><br><br>(See Instructions and Paperwork Reduction Act Notice on Back) |
| TTB ID<br>09189001000239 |           |          |                                                                                                                                                                                                                                                              |
| 1. REP. ID. NO. (If any) | CT<br>906 | OR<br>13 |                                                                                                                                                                                                                                                              |

**PART I - APPLICATION**

|                                                                                      |  |                                                                                                                                                                   |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| 2. PLANT REGISTRY/BASIC PERMIT/BREWER'S NO. (Required)<br>BR-CO-CBC-1<br>BR-CO-SAL-1 |  | 3. SOURCE OF PRODUCT (Required)<br><input checked="" type="checkbox"/> Domestic<br><input type="checkbox"/> Imported                                              |                                                     | 8. NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON LABEL (Required)<br><br>MILLERCOORS LLC<br>311 10TH ST<br><br>GOLDEN CO 80401<br><br>BLUE MOON BREWING CO. (Used on label)                                                                                                                                                                                                            |  |
| 4. SERIAL NUMBER (Required)<br>090263                                                |  | 5. TYPE OF PRODUCT (Required)<br><input type="checkbox"/> WINE<br><input type="checkbox"/> DISTILLED SPIRITS<br><input checked="" type="checkbox"/> MALT BEVERAGE |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 6. BRAND NAME (Required)<br>BLUE MOON                                                |  |                                                                                                                                                                   | 8a. MAILING ADDRESS, IF DIFFERENT                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 7. FANCIFUL NAME (If any)<br>CRU                                                     |  |                                                                                                                                                                   |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 9. EMAIL ADDRESS<br>WHITE.CARMEN@MILLERCOORS.COM                                     |  | 10. FORMULA/SOP NO. (If any)<br>BMGC-01                                                                                                                           | 11. LAB. NO. & DATE / PREIMPORT NO. & DATE (If any) | 18. TYPE OF APPLICATION (Check applicable box(es))<br>a. <input checked="" type="checkbox"/> CERTIFICATE OF LABEL APPROVAL<br>b. <input type="checkbox"/> CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL<br>"For sale in _____ only" (Fill in State abbreviation.)<br>c. <input type="checkbox"/> DISTINCTIVE LIQUOR BOTTLE APPROVAL. TOTAL BOTTLE CAPACITY BEFORE CLOSURE _____ (Fill in amount)<br>d. <input type="checkbox"/> RESUBMISSION AFTER REJECTION<br>TTB ID. NO. _____ |  |
| 12. NET CONTENTS<br>1 PINT, 9.4 FLUID OUNCES                                         |  | 13. ALCOHOL CONTENT<br>8.2                                                                                                                                        | 14. WINE APPELLATION IF ON LABEL                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 15. WINE VINTAGE DATE IF ON LABEL                                                    |  | 16. PHONE NUMBER<br>(414) 931-3615                                                                                                                                | 17. FAX NUMBER<br>(414) 931-3732                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

19. SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, celoseals, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW, OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., net contents etc.). THIS WORDING MUST BE NOTED HERE EVEN IF IT DUPLICATES PORTIONS OF THE LABELS AFFIXED BELOW. ALSO, PROVIDE TRANSLATIONS OF FOREIGN LANGUAGE TEXT APPEARING ON LABELS.


**PART II - APPLICANT'S CERTIFICATION**

Under the penalties of perjury, I declare; that all statements appearing on this application are true and correct to the best of my knowledge and belief; and, that the representations on the labels attached to this form, including supplemental documents, truly and correctly represent the content of the containers to which these labels will be applied. I also certify that I have read, understood and complied with the conditions and instructions which are attached to an original TTB F 5100.31, Certificate/Exemption of Label/Bottle Approval.

|                                       |                                                                             |                                                                    |
|---------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
| 20. DATE OF APPLICATION<br>07/08/2009 | 21. SIGNATURE OF APPLICANT OR AUTHORIZED AGENT<br>(Application was e-filed) | 22. PRINT NAME OF APPLICANT OR AUTHORIZED AGENT<br>CARMELITA WHITE |
|---------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|

**PART III - TTB CERTIFICATE**

This certificate is issued subject to applicable laws, regulations and conditions as set forth in the instructions portion of this form.

|                               |                                                                                                                                                           |
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| 23. DATE ISSUED<br>07/14/2009 | 24. AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU<br> |
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**FOR TTB USE ONLY**

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| <b>QUALIFICATIONS</b><br>THIS PRODUCT MUST BE MADE FROM A FERMENTABLE BASE THAT CONSISTS OF AT LEAST 25% BY WEIGHT MALTED WHEAT.<br>EACH CONTAINER MUST BE CODED TO INDICATE ACTUAL PLACE OF BOTTLING. | <b>EXPIRATION DATE (if any)</b> |
| <b>STATUS</b>                                                                                                                                                                                          |                                 |

|                                                                         |  |
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| THE STATUS IS APPROVED.                                                 |  |
| <b>CLASS/TYPE DESCRIPTION</b><br>MALT BEVERAGES SPECIALITIES - FLAVORED |  |

AFFIX COMPLETE SET OF LABELS BELOW

Image Type: Neck

Actual Dimensions: 5.16 inches W X 3.50 inches H



Image Type: Brand (front)

Actual Dimensions: 3.28 inches W X 3.49 inches H



Image Type: Back

Actual Dimensions: 2.50 inches W X 3.49 inches H



Image Type: Strip  
Actual Dimensions: 0.58 inches W X 4.64 inches H



TTB F 5100.31 (6/2006) PREVIOUS EDITIONS ARE OBSOLETE