

11-04-1998

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



100868915

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

1998 OCT -5 AM 9:07

OPR/PLIANCE

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

MRD 10-5-98

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
Effective Date
Month Day Year
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year

Formerly

- Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

- Individual General Partnership Limited Partnership

- Corporation Association

Other

Citizenship/State of Incorporation/Organization

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.)

11/02/1998 DNGUYEN 00000299 1740093

FOR OFFICE USE ONLY

01 FC:481
02 FC:482

40.00 DP
200.00 DP

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

TRADEMARK
REEL: 1807 FRAME: 0102

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,740,093"/>	<input type="text" value="1,504,228"/>	<input type="text" value="1,949,737"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,923,011"/>	<input type="text" value="1,687,299"/>	<input type="text" value="1,944,567"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,798,867"/>	<input type="text" value="1,752,804"/>	<input type="text" value="2,063,838"/>

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

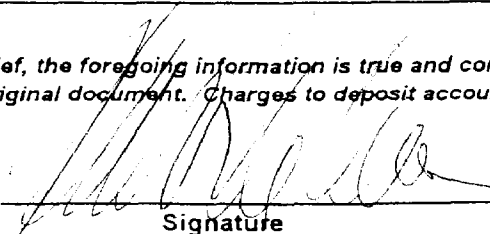
Method of Payment: Enclosed Deposit Account

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.

Melville Owen  9/28/98
Name of Person Signing Signature Date Signed

SPACE ABOVE THIS LINE FOR RECORDER'S USE

State of California

Bill Jones

Secretary of State
SACRAMENTO

I, *BILL JONES*, Secretary of State of California, hereby certify:

That the annexed transcript of _____ page(s) was prepared by and in this office from the record on file, 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

DEC 16 1996

Bill Jones

Secretary of State



BILL JONES
SECRETARY OF STATE

LLC-9

LIMITED LIABILITY COMPANY
CERTIFICATE OF MERGER

IMPORTANT - Read the instructions before completing the form.

This document is presented for filing pursuant to Section 17552(a) of the California Corporations Code.

1. Name of surviving entity: Merryvale Vineyards LLC	2. Type of entity: limited liability company	3. File number: 101996337037	4. Jurisdiction of organization: California
5. Name of disappearing entity : Merryvale Venture	6. Type of entity : general partnership	7. File number: N/A	8. Jurisdiction of organization: California

9. If a vote was required pursuant to Section 17551, enter each class entitled to vote and the percentage of vote required:

Surviving Entity		Disappearing Entity	
Each class entitled to vote	Percentage of vote required	Each class entitled to vote	Percentage of vote required
The Manager	100%	Partners	100%
The Members	More than 50%		

If the surviving entity is a limited liability company, complete Item 10 and proceed to Item 13.

10. Requisite changes to the information set forth in the articles of organization of the surviving limited liability company: N/A

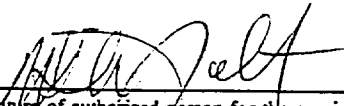
If the surviving entity is a foreign limited liability company or other business entity, skip Item 10 and complete Items 11 through 15.

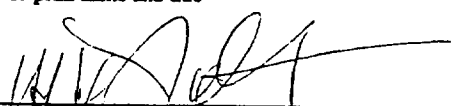
11. Address of the surviving limited liability company or other business entity:
Address: 1000 Main Street
City: St. Helena State: California Zip code: 94574

12. Information required to be stated in the certificate of merger pursuant to the laws under which each constituent other business entity was formed:

13. Future effective date, if any: 14. Number of pages attached: 0

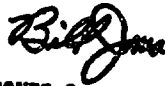
15. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed. Attach additional signatures on separate pages.


 Signature of authorized person for the surviving entity
 Michael McNulty, President of Litan, Inc.,
 Managing Member of Merryvale Vineyards LLC
 Type or print name and title


 Signature of authorized person for the disappearing entity
 Michael McNulty, President of Litan Inc.,
 joint venture partner of Merryvale Venture
 Type or print name and title

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

DEC 16 1996


 BILL JONES, Secretary of State