

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036  
FORM APPROVED

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**APPLICATION FOR REGISTRATION**  
(TYPE OR PRINT)

**USDA USE ONLY**

Applicant should send completed form to this address.  
USDA APHIS ANIMAL CARE  
WESTERN  
2150 Centre Ave.  
Building B, Mailstop #3W11  
Fort Collins, CO 80526-8117  
(970) 494-7478

**REGISTRATION UPDATE**

<b>CERTIFICATE NO./CUST NO:</b> 93-R-0563  331288	<b>RENEWAL DATE</b>  5-Jun-2020
--	---------------------------------------

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

The California Medical Innovations Institute Inc.  
11107 Roselle St., Ste 211  
San Diego, CA 92121

COUNTY: San Diego TELEPHONE (619) 250 - 8028

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

N/A

2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES  
(Use additional sheets if necessary)

(b) (7)(F)

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

N/A

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT

RESEARCH, TESTS, OR EXPERIMENTS

Yes  No

6. TYPE OF REGISTRATION:

Class E - Exhibitor  Class H - Intermediate Handler  
 Class R - Research Facility  Class T - Carrier

7. FEDERAL FUND TYPES:

Award  Contract  Grant  Loan

8. TYPE OF ORGANIZATION:

Partnership  Corporation  Individual  
 Other (Specify)

9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		(b) (6), (b) (7)(C)

**CERTIFICATION**

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq, and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

(b) (6), (b) (7)(C)

11. NAME AND TITLE OF INSTITUTIONAL OFFICIAL  
(b) (6), (b) (7)(C)

12. DATE SIGNED

6/18/20

APHIS FORM 7011  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS