

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	
<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b> <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)  <b>REGISTRATION UPDATE</b>		<b>USDA USE ONLY</b> 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	
		<b>CERTIFICATE NO./CUST NO:</b> 93-R-0563  331288	<b>RENEWAL DATE</b>  5-Jun-2020
<b>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</b> The California Medical Innovations Institute Inc. 11107 Roselle St., Ste 211 San Diego, CA 92121  COUNTY: San Diego    TELEPHONE (619) 250 - 8028		<b>2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES</b> (Use additional sheets if necessary) <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (7)(F)</div>	
<b>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</b>  N/A		<b>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</b>  N/A	
<b>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>6. TYPE OF REGISTRATION:</b> <input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier	
<b>7. FEDERAL FUND TYPES:</b> <input type="checkbox"/> Award <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan		<b>8. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	
<b>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)</b>			
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)	
<b>CERTIFICATION</b> 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)		(b) (6), (b) (7)(C)	
		<b>12. DATE SIGNED</b> 6/18/20	

APHIS FORM 7011  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS