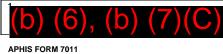
Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.					OMB No. 0579-0036 FORM APPROVED	
U.S. DEPARTMENT OF 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 EASTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478			
REGISTRATION UPDATE						
			CERTIFICATE N 55-R-0107	IO./CUST NO:	RENEWAL DATE	
				19-Jun-2020		
			808			
1. REGISTRANT (Name and permanent mailing address, including Zip Code)			2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES (Use additional sheets if necessary)			
Carolinas Medical Center Dir Of Comparative Medicine, Po Box 32861						
Charlotte, NC 28232 2861			(b) (7)(F)			
COUNTY Mecklenburg TELEPHONE (704) 355 - 5382						
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)			4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST			
N/A			N/A			
5. ARE YOU USING FEDERAL FUNDS TO CARRY OU	6. TYPE OF REGIS					
RESEARCH, TESTS, OR EXPERIMENTS			xhibitor $\diamond$ Class H – Intermediate Handler			
			R – Research Facility <sup> </sup>			
7. FEDERAL FUND TYPES		8. TYPE OF ORGANIZATION				
$\diamond$ Award $\diamond$ Contract $*$ Grant $\diamond$ Loan		◇ Partnership ◇ Corporation ◇ Individual				
<ul> <li>Other (Specific Action of the second s</li></ul>						
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. TIT	LE	с.	ADDRESS (full address, inclu	uding ZIP Code)	
(b) (6), (b) (7)(C)			(b) (7)(F)			
CERTIFICATION						

LERTIFICATION 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,



(FEB 2009)

12. DATE SIGNED

5/12/2020