

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 NO./CUST NO:**  
35-R-0034

**RENEWAL DATE**

639

23-Jul-2020

ga

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

Geneva Laboratories Inc  
P.O. Box 140  
Elkhorn, WI 53121

**LOCATION SITE(S), OR RESEARCH FACILITIES**

(b) (7)(F)

COUNTY: Walworth TELEPHONE (262) 723 - 5669

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

**MEMBER(S) IN WHICH YOU HAVE AN INTEREST:**

**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)		

**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.

**10. SIGNATURE**

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

**11. NAME AND TITLE (Type or Print)**

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

**12. DATE SIGNED**

6-29-2020