Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, sha I register with the USDA (7 USC 2136). This application provides information for such registration. U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT) REGISTRATION UPDATE			OMB No. 0579-0036 FORM APPROVED	
		USDA USE ONLY		
		Applicant should send completed form to USDA APHIS ANIMAL CARE EASTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478	o this address.	
		CERTIFICATE NO./CUST NO: 23-R-0012 286	26-Jul-2020	
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		A STATE AND	R RESEARCH FACILITIES	
GlaxoSmithKline 1250 South Collegeville Rd. UP3400 Collegeville, PA 19426-0989 <u>COUNTY: Montgomery TELEPHONE () - 610-917-5000</u> 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		(b) (7)(F	H YOU HAVE AN INTEREST:	
			2	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT	6. TYPE OF REGISTRATION:			
RESEARCH, TESTS, OR EXPERIMENTS	♦ Class E – Ex	Exhibitor Class H – Intermediate Handler		
□ Yes Ø No		search Facility O Class T - Carrier		
7. FEDERAL FUND TYPES: ◇ Award ◇ Contract ◇ Grant ◇ Loan	8. TYPE OF ORGAN Partnership			
(b) (6), (b)	(7)(C)	Code)	
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. Textify that all listed persons are 18 years of age or older,				
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	12. DATE SIGNED 28 MAY 2020	

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	12. DATE SIGNED 28 MAY 202			
ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS					