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)

REGISTRATION UPDATE

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

CERTIFICATE NO./CUST NO:
41-R-0015

558

RENEWAL DATE
5-Mar-2020

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

Medtronic Physiological Research Laboratories
11520 Yellow Pine Street Nw
~~Minneapolis~~, MN 55448
Coon Rapids County: Anoka
COUNTY: ~~Hennepin~~ TELEPHONE () - 763-514-6800

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

11520 Yellow Pine Street Nw
Coon Rapids, MN 55448
County: Anoka
Telephone (763) 514-6800

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

4. (B) ACTIVE USDA CERTIFICATE NUMBER(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)*
Omar Ishrak	CEO	710 MedTronic Park way Minneapolis, MN 55432
[redacted]		11520 yellow pine ST. Coon Rapids, MN 55448
		55448
		1520 yellow pine ST. Coon Rapids, MN

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. SIG [redacted]

11. NAME AND TITLE *(Type or Print)* [redacted]

12. DATE SIGNED 31 JAN 2020

11 FEB 2020

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011

Obtained by Rise for Animals.
Uploaded to Animal Research Laboratory Overview (ARLO) on 10/17/2020