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-0071 29771	23-Feb-2020
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION (S) OF BUSINESS, EXHIBITION SITI	
R&D Systems Inc 614 Mc Kinley Place Ne Minneapolis, MN 55413		(Use additional sheets if necessary) (b) (7)(F)	a), or research raising
COUNTY: HERINEDIN TELEPHONE (612) 379 - 2956 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (b) active usda certificate number(s) in which you have an interest: $41\text{-}B\text{-}0242,\ 29771$	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT	6. TYPE OF REGI	STRATION:	
RESEARCH, TESTS, OR EXPERIMENTS	Class E - E	xhibitor Class H – Intern	nediate Handler
Yes X No	♦ 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 II	DENTIFY EACH PART	NER OR OFFICER, IF CORPORATION, IDENTIFY PRI	NCIPAL
OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITU A. NAME B. TIT	TLE	C. ADDRESS (hull acktross, inc	Auding ZIP Code)
(b) (6),) (7)	
I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler to the best of my knowledge-I hereby acknowledge receipt of and agree to comply 18 years of age or other	CERTIFICA under the Animal Well with all the regulations	are Act, 7 U.S.C., 2131 et seg, and I certify that the inform	nation provided herein is true and corr and 3. I certify that all listed persons a 12. DATE SIGNED
(ロ) (ロ) (ロ) (ロ)			01/23/201

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011 (FEB 2009)

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