



United States Department of Agriculture

Animal and Plant
Health Inspection
Service

Animal Care

Fort Collins Office
2150 Centre Avenue
Building B, 3W11
Fort Collins, CO
80526
Phone: 970-494-7478

Raleigh Office
920 Main Campus Dr.
Suite 200
Raleigh, NC 27606
Phone: 919-855-7100

RE: REGISTRATION CANCELLATION

Certificate Number: 21-R-0207

Cancellation Date: 03/17/2019

Certified Mail Return Receipt: 70182290000187099494

May 22, 2019

Customer ID Number: 21096

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

St Bonaventure University
Psych Dept, De La Roche Hall
Saint Bonaventure, NY 14778

Dear Registrant:

Our records indicate that your facility has failed to submit an updated registration form, as required in Title 9 CFR, Section 2.25, and is therefore in violation of the regulations.

Accordingly, you must immediately submit an updated APHIS Form 7011. However, if your facility is no longer conducting regulated activities, you need to submit a letter to this office requesting termination of your registration.

Please note that if we do not receive a response within 20 days from receipt of this letter, your certificate number will be cancelled. To conduct activities without a valid registration is a violation of the Animal Welfare Act; those who do so are subject to prosecution.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (919) 855-7100 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Elizabeth Goldentyer, D. V. M.
Director, Animal Welfare Operations
USDA, APHIS, Animal Care

cc: Keri Lupo

7018 2290 0001 8709 9494

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St Bonaventure University Psych Dept De La Roche Hall 3261 West State Rd Saint Bonaventure, NY 14778	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

An Equal Opportunity Provider and Employer

IS SECTION

3. Press on the reverse card to you. back of the mailpiece, permits.

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re, NY 14778



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SN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. (b) (6), (b) (7)(C)

X

☒ Agent

☐ Addressee

B. (b) (6), (b) (7)(C)

C. Date of Delivery

6/21/2019

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

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3. Service Type

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Domestic Return Receipt