Every research (acility, exhibitor, cerrier, 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						FORM APPROVED
provides information for such registration.	GRIGULTURE		-		USDA USI	ONLY
APPLICATION FOR REGISTRATION (TYPE OR PRINT)			Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 2150 Centre Ave. Building 8, Malistop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478			
REGISTRATION UPDATE			CERTIFICATE NO./CUST NO: RENEWAL DATE 41-R-0003 559 23-Jul-2020			
1. REGISTRANT (Name and permanent malling source	ss, including Zip Code)		2. LOC	CATION (S) OF BUS	INESS, EXHIBITIO	N SITE(S). OR RESEARCH FACILITIES
Health Partners Institute Mail Stop 23302r Po Box 1524 Minneapolis, MN 55440 COUNTY: Hennepin TELEPHONE () - 96 3. (A) PREVIOUS USDA REGISTRATION NUMBER (P	2-967-	77/9	Coun	(7)(Falty: Ramsey	-)	ER(S) IN WHICH YOU HAVE AN INTEREST:
5. ARE YOU USING FEDERAL FUNDS TO CARRY OF	п	6. TYPE OF REG	STRATIO	N:		
RESEARCH, TESTS, OR EXPERIMENTS	♦ Class E – I	○ Class E – Exhibitor				
Yes No						
7. FEDERAL FUND TYPES: ◇ Award ◇ Contract ♦ Grant ◇	* Other (Specify) & Second Facility					
9. IF INDIVIDUAL IDENTIFY EACH OW	NER, IF PARTNERSHIP IC	ENTIFY FACH PAR	THER OR	OFFICER, IF CORP	ORATION, IDENTI	FY PRINCIPAL T
OFFICERS FOR RESEARCH FACILITI		LE CETTORAL	(Use sepa	C.		dress, including ZIP Code)
Nica Pront PhD	President	and Ch	ief	Mail	560:	233021
and the state of t	Science	offices	.	<u>l.o.</u>	Box 15	24
	HealthPartners			Minne	apolis,	MN 55440
Trstitute					1 - 1	
		-				
	political interpretations				TABLE TABLE	
7		20 E. S.			70	
I hereby register as a Research Facility, Exhibitor, Carri to the best of my knowledge. I hereby acknowledge reco 18 years of age or older,	er, or intermediate Handler t alpt of and agree to comply to	with all the regulation	lfare Act, 7 s and stan	dards contained in 9	CFR, Subpart A, p	aris 1, 2 and 3, I certify that all listed persons are
10. SIGNATURE (b) (6), (b) (7)(C)		N	ico	TOAK	lesio	Jen 4. July 27, 2020
APHIS FORM 7011	ACKNOWLEDGEME	NT OF RECEIPT OF	REGULA	TIONS AND STAND	ARDS	

(FEB 2009)