

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 <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)  <b>REGISTRATION UPDATE</b>		<b>USDA USE ONLY</b> 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	
		<b>CERTIFICATE NO./CUST NO:</b> 23-R-0126  371	<b>RENEWAL DATE</b> 16-Aug-2020
<b>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</b> Summit Ridge Biosystems Inc 4526 State Route 2073 Susquehanna, PA 18847  COUNTY: Susquehanna TELEPHONE (570) 756 - 2656		<b>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES</b> (Use additional sheets if necessary) 4526 State Route 2073 Susquehanna, PA 18847 County: Susquehanna	
<b>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</b> NA		<b>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</b> NA	
<b>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>6. TYPE OF REGISTRATION:</b> <input checked="" type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier	
<b>7. FEDERAL FUND TYPES:</b> <input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan		<b>8. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____	
<b>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)</b>			
<b>A. NAME</b>	<b>B. TITLE</b>	<b>C. ADDRESS (full address, including ZIP Code)</b>	
Michael R. Panasevich	President	4526 State Route 2073 Susquehanna PA 18847	

## 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. <b>(b) (6), (b) (7)(C)</b>	11. NAME AND TITLE (Type or Print) Michael R. Panasevich Pres	12. DATE SIGNED 7-29-2020
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APHIS FORM 7011  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

20 AUG 2020