

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			
<div style="text-align: center;">U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT) REGISTRATION UPDATE</div>		<div style="text-align: right;">USDA USE ONLY</div> <div>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</div> <table border="1" style="width: 100%;"><tr><td>CERTIFICATE NO./CUST NO: 33-R-0024 583</td><td>RENEWAL DATE 24-Aug-2020</td></tr></table>		CERTIFICATE NO./CUST NO: 33-R-0024 583	RENEWAL DATE 24-Aug-2020
CERTIFICATE NO./CUST NO: 33-R-0024 583	RENEWAL DATE 24-Aug-2020				
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Loyola University Chicago Cuneo Center 2160 S. First Avenue Maywood, IL 60153 COUNTY: Cook TELEPHONE 708) 216-089		2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) 2160 S. First Ave (b) (7)(F) Maywood, IL 60153 County: Cook			
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. TYPE OF REGISTRATION: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Class E – Exhibitor</div><div><input type="checkbox"/> Class H – Intermediate Handler</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Class R – Research Facility</div><div><input type="checkbox"/> Class T - Carrier</div></div>			
7. FEDERAL FUND TYPES: <input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Partnership</div><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> Individual</div></div> <div><input checked="" type="checkbox"/> Other (Specify) 36-1408475</div>			
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)			
(b) (6), (b) (7)(C)		Loyola University Chicago Cuneo Center 2160 S. First Avenue, Maywood, IL 60153			
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. SIGNATURE (b) (6), (b) (7)(C)		11. NAME AND TITLE (Type or Print) (b) (6), (b) (7)(C)			
		12. DATE SIGNED 8/5/2020			