

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 2135). 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 WESTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478
		CERTIFICATE NO./CUST NO: 93-R-0382 1288
		RENEWAL DATE 27-Jun-2020 2023
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Phoenix Pharmaceuticals Inc. 330 Beach Road Burlingame, CA 94010 COUNTY: San Mateo TELEPHONE (650) 558 - 8898		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) 330 Beach Road Burlingame, CA 94010 County: San Mateo
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. TYPE OF REGISTRATION: <input 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
7. FEDERAL FUND TYPES: <input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____
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)
JAW KANG CHANG	PRESIDENT	330 BEACH RD. BURLINGAME, CA 94010
(b) (6), (b) (7)(C)		330 BEACH RD, BURLINGAME, CA 94010
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	11. NAME AND TITLE (Type or Print)	12. DATE SIGNED
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	6/7/09/2020