According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching average controlled and reviewing the collection of existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of

Every research facility, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 U.S.C. 2136). This application provides information for such registration.

OMB Approved 0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE USDA USE ONLY APPLICATION FOR REGISTRATION (TYPE OR PRINT) CERTIFICATE NUMBER/CUSTOMER NUMBER RENEWAL DATE **NEW REGISTRATION** July 2023 1. REGISTRANT (Name and permanent mailing address, including ZIP Code): GENOVIS INC. Use additional sheets, if necessary 245 First Street Campriage, MA 02142 TELEPHONE NUMBER: (417) 444-8421 Middlesex County 3. PREVIOUS USDA REGISTRATION NUMBER (If any) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: NIA NIA 5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT 6. TYPE OF REGISTRATION: RESEARCH, TESTS, OR EXPERIMENTS? Class H – Intermediate Handler Class T - Carrier Yes X No Class R - Research Facility

| ☐ Individual | | poration Partn | ership | Other | | | | |
|---|-------------------|---|-------------------|---------|--------------------------|-------|--|--|
| 8. IF INDIVIDUAL, IDENTIF PARTNER OR OFFICER; IF OFFICERS. FOR RESEAR INSTITUTIONAL OFFICIAL | CH EACH ITIES INC | PARTNERSHIP, IDENTIFY EACH R OTHER, IDENTIFY PRINCIPAL LUDE THE NAME OF THE et, if needed) | 9. CHECK THE TYPE | OF ANIM | AL(S) USED IN YOUR BUSIN | IESS. | | |
| | , (b) | (7)(C) | DOGS | | NONHUMAN PRIMATES | | RODENTS (Do not include lab rats or mice) | |
| | | | CATS | | MARINE MAMMALS | 0 | WILD/EXOTIC HOOFSTOCK | |
| | | | GUINEA PIGS | | FARM ANIMALS | | BEARS | |
| | | | HAMSTERS | | WILD/EXOTIC CANINES | | WILD/EXOTIC MAMMALS (Not listed elsewhere) | |
| | | | RABBITS | □X | WILD/EXOTIC FELINES | | OTHER | |

CERTIFICATION

I hereby register as a Research Facility, 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 16

12. DATE SIGNED

APHIS FORM 7011A MAR 2013

7 TYPE OF ORCANIZAT