

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)

USDA USE ONLY

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

REGISTRATION UPDATE

CERTIFICATE NO./CUST NO:

23-R-0184

335654

RENEWAL DATE

29-Nov-2019

2022

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

Oxford Care Facilities Llc
Po Box 5199
Limerick, PA 19468

COUNTY: Montgomery TELEPHONE (484) 791 - 3823

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

N/A

2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)

(b) (7)(F)

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

N/A

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS

☒ Yes ☐ No

6. TYPE OF REGISTRATION:

☐ Class E - Exhibitor

☐ Class H - Intermediate Handler

☐ Class R - Research Facility

☐ Class T - Carrier

7. FEDERAL FUND TYPES:

☐ Award ☐ Contract ☐ Grant ☐ Loan

8. TYPE OF ORGANIZATION:

☐ Partnership

☒ Corporation

☐ Individual

☒ Other (Specify)

Limited Liability Company

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)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

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.

10. SIGNATURE

(b) (6), (b) (7)(C)

11. NAME AND TITLE (Type or Print)

(b) (6), (b) (7)(C)

12. DATE SIGNED

28 OCT 2019



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: NOVEMBER 29, 2022

This is to certify that
OXFORD CARE FACILITIES LLC

is a registered CLASS R RESEARCH FACILITY
under the

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 23-R-0184

Customer No. 335654

A handwritten signature in black ink, appearing to read "Elizabeth Goldstein", written over a horizontal line.

Deputy Administrator