

**From:** (b) (6), (b) (7)(C)  
**To:** [APHIS-AnimalCare](#)  
**Subject:** registration 41-R-0082  
**Date:** Friday, December 18, 2020 12:29:08 PM  
**Attachments:** [USDARegistration2020 - signed.pdf](#)  
[USDA Extra form.pdf](#)

---

Forms attached.

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

(b) (6), (b) (7)(C) Veterinary Services

Phone (b) (6), (b) (7)(C) | Mobile (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) [@hhrinstitute.org](mailto: @hhrinstitute.org)

Hennepin Healthcare Research Institute

Mailing Address: 701 Park Ave. S11.206 | Minneapolis, MN 55415

Physical Location (b) (7)(F) Minneapolis, MN 55404

Security settings or invalid file format do not permit using USDARegistration2020 - signed.pdf (267552 Bytes).

# IMPORTANT

THE FEDERAL DEBT COLLECTION ACT of 1996 requires us to obtain your Federal Taxpayer Identification Number (FTIN). This would be either your Federal Employer Identification Number (EIN) or your Social Security Number(s) (SSN's).

This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the federal government.

Our computer system will not allow processing of your application or renewal without this number.

You must submit your SSN or EIN number in the appropriate space below. If the number submitted does not match your previously submitted number, you will be contacted for clarification.

If you change the SSN, Tax Id Number, and /or Type of Organization we have on file, you may have to apply for a new License/Registration.

Thank you for your cooperation.

If Type of Organization is Corporation, Partnership (with an EIN), or Other, please fill out A or B

A. Corporation Name: Hennepin Healthcare Research Institute  
EIN: 41-11677920

B. Partnership Legal Name: \_\_\_\_\_  
EIN: \_\_\_\_\_

If Type of Organization is Individual or Partnership (with SSNs), please fill out either C or D

C. Individual: Name: \_\_\_\_\_ SSN: \_\_\_\_\_

D. Partnership:

Partner Name: _____	SSN: _____
Partner Name: _____	SSN: _____
Partner Name: _____	SSN: _____
Partner Name: _____	SSN: _____