

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Subject: Registration Update
Date: Tuesday, December 15, 2020 2:38:15 PM
Attachments: [USDA Registration 2020.pdf](#)

Hello,

Please let me know if you require further information, and also please respond to this e-mail so I know you have received it. Thank you.

Happy Holidays,

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

Scientist & Vivarium Manager, Preclinical Development
Otonomy Inc.
4796 Executive Drive
San Diego, CA 92121
P: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) [otonomy.com](#)

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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
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 EASTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478
		CERTIFICATE NO./CUST NO: 93-R-0524 44767
		RENEWAL DATE 04 NOV 2020
1. REGISTRANT (Name and permanent mailing address, including Zip Code) OTONOMY INC. 4796 EXECUTIVE DRIVE SAN DIEGO, CA 92121 COUNTY: SD TELEPHONE 619-323-2240		2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) 4796 EXECUTIVE DR SAN DIEGO, CA 92121
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) NONE		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: 93-R-0524
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: NONE <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 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)
DAVE WEBER, PhD	PRESIDENT & CEO	4796 EXECUTIVE DRIVE SAN DIEGO CA 92121
PAUL CAYER	CEO & CFO	4796 EXECUTIVE DRIVE SAN DIEGO CA 92121

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 <div style="background-color: black; color: red; font-size: 2em; padding: 5px; display: inline-block;">(b) (6), (b) (7)(C)</div>	12. DATE SIGNED 12-15-2020
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APHIS FORM 7011
(FEB 2009)

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: OTONOMY INC.

EIN: 26-2590070

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: _____