

<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <h2 style="margin: 0;">APPLICATION FOR REGISTRATION</h2> <p>(TYPE OR PRINT)</p> <h2 style="margin: 0;">REGISTRATION UPDATE</h2>	<p>USDA USE ONLY</p> <p>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</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">CERTIFICATE NO./CUST NO: 33-R-0018 599</td> <td style="width: 30%;">RENEWAL DATE 24-Aug-2020</td> </tr> </table>	CERTIFICATE NO./CUST NO: 33-R-0018 599	RENEWAL DATE 24-Aug-2020
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<p>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</p> <p>University Of Illinois At Chicago Bio Rescs Lab, 1840 W. Taylor St, M/C 533 Chicago, IL 60612 7348</p> <p>COUNTY: Cook TELEPHONE (312)996-7040</p>	<p>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)</p> <p>(b) (7)(F) 1840 West Taylor Street, M/C 533 Chicago, IL 60612 County: Cook</p>
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)	4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

<p>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. TYPE OF REGISTRATION:</p> <p><input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler</p> <p><input type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T - Carrier</p>
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<p>7. FEDERAL FUND TYPES:</p> <p><input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan</p>	<p>8. TYPE OF ORGANIZATION:</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual</p> <p><input checked="" type="checkbox"/> Other (Specify) <u>University</u></p>
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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) (7)(F)

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 (b) (6), (b) (7)(C)	12. DATE SIGNED 08/14/2020
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