USDA

United States Department of Agriculture

Animal and Plant Health Inspection Service

Animal Care
Western Region

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970/494-7478
Fax: 970/494-7461

September 19, 2007

Western University Of Health Sciences
309 East Second Street
Pomona, CA 91766

Customer No: 15322
Certificate No: 93-R-0464
Anniversary Date: 11/05/2010
RE: ACKNOWLEDGEMENT OF UPDATE

Dear Registrant:

Thank you for submitting your USDA Registration renewal form. Enclosed for your files is a copy of your APHIS Form 7011 (Application for Registration) and Registration Certificate showing that your registration under the Animal Welfare Act has been renewed for another 3 years.

This Application for Registration is to be filed every 3 years on or before your renewal date. You will receive a renewal notice approximately 60 days before your renewal date. You may discontinue your registration under the Animal Welfare Act any time you desire by submitting a written request for cancellation of you registration to this office.

You are reminded that your records must be kept current. They are subject to review by the Animal Care personnel when they visit your premises. Record-keeping forms may be ordered from this office at no charge.

The law requires you to notify this office, in writing, of any changes in the name, address, location, management, control or ownership of your business within 10 days after such a change has been made.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at 970-494-7471 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region

cc: Alexandra Andricos, V.M.O

Enclosures

EXPIRATION DATE: NOVEMBER 5, 2010

USDA

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

This is to certify that WESTERN UNIVERSITY OF HEALTH SCIENCES

is a registered CLASS R RESEARCH FACILITY

under the

Animal Welfare Act

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

Certificate No. 93-R-0464

Customer No. 15322

Deputy Administrator

APHIS FORM 7021 (NOV 99) *Previous editions are obsolete.*

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall be registered with the USDA (7 USC 2136). This application provides information for such registration. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FORM APPROVED
OMB NO. 0579-0036

U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR REGISTRATION

(TYPE OR PRINT)

REGISTRATION UPDATE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 2150 Centre Ave, Building B
Mailstop # 3w11
Fort Collins, CO 80526 8117
Telephone: (970) 494-7478

CERTIFICATE / CUSTOMER NO.	REGISTRATION UPDATE
CERTIFICATE: 93-R-0464	05-NOV-2007
CUSTOMER: 15322	

1. NAME(S) OF REGISTRANT(S) AND MAILING ADDRESS

Western University Of Health Sciences

309 East Second Street
Pomona, CA 91766 1854

Telephone: (909) 469-5299

2. ALL BUSINESS LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION *(P.O. Box not acceptable)*

309 East Second Street
Pomona, CA 91766 1854
County: Los Angeles

Telephone: (909) 469-5299

3. (A) PREVIOUS USDA REGISTRATION NUMBER (if any)

--

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

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS (If yes, go to Item 6)

X Yes No

6. TYPE OF REGISTRATION:

[ ] Class E - Exhibitor
[X] Class R - Research Facility
Class H - Intermediate Handler
Class T - Carrier

7. FEDERAL FUND TYPE(S):

X Award Contract X Grant [ ] Loan

8.TYPE OF ORGANIZATION:

[ ] Individual [ ] Corporation Partnership
[X] 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*)
Philip Pumerantz	President	Same as in Block 1
Benjamin Cohen	Exec. V.P. Academic Affairs	"
Kevin Shaw	Treasurer/CFO	"
Steven Henriksen	V.P. for Research & Biotechnology	"

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. 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 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	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
	Steven J. Henriksen	95-3127273	9/6/07

APHIS FORM 7011

SEP 10 2007