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

September 19, 2007  
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 your 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
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

[Signature]
Deputy Administrator
U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

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)

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

X Yes \ No

7. FEDERAL FUND TYPE(S):

X Award \ Contract \ Grant \ Loan

6. TYPE OF REGISTRATION:

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

8. TYPE OF ORGANIZATION:

X Individual \ Corporation \ Partnership

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)

<table>
<thead>
<tr>
<th>A</th>
<th>NAME</th>
<th>B. TITLE</th>
<th>C. ADDRESS (Full Address, including Zip Code)</th>
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<tbody>
<tr>
<td></td>
<td>Philip Pumerantz</td>
<td>President</td>
<td>Same as in Block 1</td>
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<tr>
<td></td>
<td>Benjamin Cohen</td>
<td>Exec. V.P.</td>
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<td></td>
<td>Kevin Shaw</td>
<td>Academic Affairs</td>
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<td>Steven Henriksen</td>
<td>Treasurer/CFO</td>
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<td>V.P. for Research &amp; Biotechnology</td>
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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

SEP 10 2007