

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)	FDA USE ONLY	FDA USE ONLY 2008 APR 16 PM 12:46
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NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).

SECTION A - SITE INFORMATION	LABELER CODE 001500	REGISTRATION NUMBER 2134123
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REPORTING FIRM NAME Pace Analytical Life Sciences, LLC	STATE OF INC.
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SITE ADDRESS (No P.O. Box)	SITE TELEPHONE NUMBER ()
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CITY	STATE	ZIP CODE	COUNTRY	BUSINESS CATEGORY: <input type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
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SITE MAILING ADDRESS (If different from site address)

CITY	STATE	ZIP CODE	COUNTRY	SITE INTERNET/EMAIL ADDRESS
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DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)

PARENT COMPANY NAME

REASON(S) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Merger/Buyout <input checked="" type="checkbox"/> Re-Registration ANNUAL NO CHANGE with Same Name <input type="checkbox"/> LC Assignment <input type="checkbox"/> Out of Business <input type="checkbox"/> Name Change	TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	PERSON SUBMITTING DATA AND TELEPHONE BUSINESS TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor* <input type="checkbox"/> Repacker <input type="checkbox"/> Foreign Country <input type="checkbox"/> Relabeler <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____
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SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence

NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code	TELEPHONE NUMBER ()
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CITY	STATE	ZIP CODE	COUNTRY	COMPLIANCE INTERNET/EMAIL ADDRESS
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SECTION C - ADDITIONAL FIRM AND SITE INFORMATION

NAME OF OWNER, PARTNERS OR OFFICERS	TITLE	POSITION

RECEIVED
 APR 20 2008
 800720 JPL

OTHER FIRMS DOING BUSINESS AT THIS SITE

LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME

SECTION D - SIGNATURE

SIGNATURE OF AUTHORIZING OFFICIAL 	TITLE Director of Quality	DATE 10 Mar 2008
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***DISTRIBUTOR'S CERTIFICATION:** As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.

RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRLS@FDA.HHS.GOV	SIGNATURE OF DISTRIBUTOR DISTRIBUTOR'S TELEPHONE NUMBER ()
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