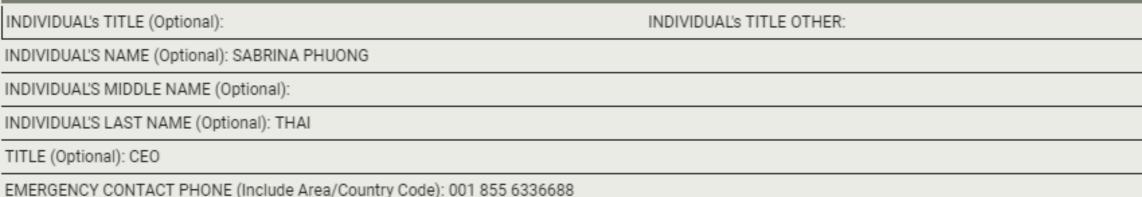
Date:03/19/2014 12:17:38					
Section 1 Type of Registration					
1a. DOMESTIC REGISTRATION					
1b. INITIAL REGISTRATION: 13900749248	PIN NUMBER:526G27eA				
ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? O Yes No					
1c. PREVIOUS OWNER'S TITLE: PREVIOUS OWNER'S NAME: PREVIOUS OWNER'S REGISTRATION NUMBER:					
Section 2 Facility Name/Address Information					
FACILITY NAME: MediUSA Company					
FACILITY NAME SUFFIX: Corporation FACILITY NAME SUFFIX OTHER:					
FACILITY STREET ADDRESS, Line1: 2204 DURFEE AVE					
FACILITY STREET ADDRESS, Line2:					
CITY: El Monte	STATE/PROVINCE/TERRITORY: California				
ZIP CODE (POSTAL CODE): 91732 -3902					
COUNTRY/AREA: UNITED STATES					
PHONE NUMBER (Include Area/Country Code): 001 855 6336688					
FAX NUMBER (Optional; Include Area/Country Code): 001 855 9998833					
E-MAIL ADDRESS: thaiphuong@mediusa.vn					

Section 3 Preferred Mailing Address Information				
Complete this section if different from S	ection 2 Facility Name/Address Information (OPTIONAL)			
If information is the same as section 2, che	ck the box:			
NAME: MediUSA Company				
ADDRESS, Line1: 2204 DURFEE AVE				
ADDRESS, Line2:				
CITY: El Monte STATE/PROVINCE/TERRITORY:California				
ZIP CODE (POSTAL CODE): 91732 -3902				
COUNTRY/AREA: UNITED STATES				
PHONE NUMBER (Include Area/Country Cod	ie): 001 855 6336688			
FAX NUMBER (Optional; Include Area/Country Code): 001 855 9998833				
E-MAIL ADDRESS (Optional): thaiphuong@mediusa.vn				

(If applicable and If different from sections 2 and 3). If information is the	same as another section, check which section:			
Section 2 - Facility Address Information Section 3 - Preferred Mailing Address Information None of the above				
NAME OF PARENT COMPANY: MediUSA Company				
RENT COMPANY SUFFIX: Corporation PARENT COMPANY SUFFIX OTHER:				
STREET ADDRESS OF PARENT COMPANY, Line 1: 2204 DURFEE AVE				
STREET ADDRESS OF PARENT COMPANY, Line2:				
ITY: El Monte STATE/PROVINCE/TERRITORY: California				
ZIP CODE (POSTAL CODE): 91732				
COUNTRY/AREA: UNITED STATES				
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 00	1 855 6336688			
FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country C	ode): 001 855 9998833			
E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): thaiphuong	<u>@mediusa.vn</u>			
(If this facility uses trade names other than that listed in section 2 above,	list them below (E.G.,"also doing business as," "facility also known as"):			

Section 4 Parent Company Name/Address Information

ALTERNATE TRADE NAME #1: MEDICAL USA INC.



Section 5 Emergency Contact Information

E-MAIL ADDRESS (Optional): thaiphuong@mediusa.vn

Section 6 Trade Names

In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name / Address Information).

Section 7 United States Agent	
(To be completed by facilities located outside any state or ter	rritory of the United States, District Of Columbia, or The Commenwealth of Puerto Rico)
FIRST NAME OF U.S. AGENT: -N/A-	
MIDDLE NAME OF U.S. AGENT: -N/A-	
LAST NAME OF U.S. AGENT: -N/A-	
TITLE (Optional): -N/A-	
ADDRESS, Line 1: -N/A-	
ADDRESS,Line 2: -N/A-	
CITY: -N/A-	STATE: -N/A-
ZIP CODE (POSTAL CODE): -N/A-	COUNTRY/AREA: -N/A-
PHONE NUMBER (Include Area/Country Code): -N/A-	
EMERGENCY CONTACT PHONE NUMBER (Include Area Code): -N/	'A-
FAX NUMBER (Optional; Include Area Code): -N/A-	
EMAIL ADDRESS: -N/A-	

Section 8 Seasonal Facility Dates of Operation											
Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.											
DA	TES OF OPERATION:										
Fo	r Harvest 1										
Sta	art Month:					Er	d Month	:			
Fo	r Harvest 2										
Sta	Start Month: End Month:										
J.	Section 9 Storage T	ypes									
	Ambient (neither froz	en nor refrigerated) Stora	age								
	Refrigerated Storage										
	Frozen Storage										
H	GENERAL PRODUC	T CATEGORIES - HUM	AN/ANIMA	L/BOTH							
⊻F	Food for Human Consu	mption Fo	ood for Anima	al Consumption	ı						
Section 10a Food for Human Consumption											
т.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.										
foo ins	be completed by all od facilities. Please see structions for further amples.	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Molluscan Shellfish Establishment	Commissary			Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)
✓	3. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula							N			

occion in owner, operator of Agent in onlarge information	
Provide the following information, If different from all other sections which section:	s on the form. If information is the same as another section of the form, Check
 Section 2 - Facility Address Information Section 3 - Preferred Mailing Address Information Section 4 - Parent Company Address Information Section 7 - US Agent Address Information 	
NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR A	AGENT IN CHARGE: MediUSA Company
STREET ADDRESS, Line 1: 2204 DURFEE AVE	
STREET ADDRESS, Line 2:	
CITY: El Monte	STATE/PROVINCE/TERRITORY: California
ZIP CODE (POSTAL CODE): 91732	
COUNTRY/AREA: UNITED STATES	
PHONE NUMBER (Include Area/Country Code): 001 855 6336688	

FAX NUMBER (Optional; Include Area/Country Code): 001 855 9998833

Section 11 - Owner Operator or Agent in Charge Information

E-MAIL ADDRESS (Optional): thaiphuong@mediusa.vn

Section 12 Certification Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 13 Certification Statement
The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.
The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.
NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: SABRINA PHUONG THAI
CHECK ONE BOX
A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)
B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION
IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:
OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)
NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW): -N/A-
ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-
AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-
AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-
CITY: -N/A-
STATE/PROVINCE/TERRITORY: -N/A-
ZIP CODE (POSTAL CODE): -N/A-
COUNTRY/AREA: -N/A-
PHONE NUMBER (Include Area/Country Code): -N/A-
FAX NUMBER (Optional; Include Area/Country Code): -N/A-
E-MAIL ADDRESS (Optional): -N/A-