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? ○ 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 Section 2 Facility Name/Address Information (OPTIONAL)

If information is the same as section 2, check 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 Code): 001 855 6336688

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

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

Section 4 Parent Company Name/Address Information

(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

PARENT COMPANY SUFFIX: Corporation	PARENT COMPANY SUFFIX OTHER:

STREET ADDRESS OF PARENT COMPANY, Line 1: 2204 DURFEE AVE

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: 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): 001 855 6336688

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code): 001 855 9998833

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): thaiphuong@mediusa.vn

(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"):

ALTERNATE TRADE NAME #1: MEDICAL USA INC.

Section 5 Emergency Contact Information

INDIVIDUAL's TITLE (Optional):	INDIVIDUAL's TITLE OTHER:

INDIVIDUAL'S NAME (Optional): SABRINA PHUONG

INDIVIDUAL'S MIDDLE NAME (Optional):

INDIVIDUAL'S LAST NAME (Optional): THAI

TITLE (Optional): CEO

EMERGENCY CONTACT PHONE (Include Area/Country Code): 001 855 6336688

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 territory 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.

DATES OF OPERATION:

For Harvest 1

Start Month: End Month:

For Harvest 2

Start Month: End Month:

Section 9 Storage Types

- [ ] Ambient (neither frozen nor refrigerated) Storage
- [ ] Refrigerated Storage
- [ ] Frozen Storage

GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL/BOTH

- [x] Food for Human Consumption
- [ ] Food for Animal Consumption

Section 10a Food for Human Consumption

To be completed by all food facilities. Please see instructions for further examples.	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.									
	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	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)
[x] 3. BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[x]	[ ]	[ ]	[ ]

Section 11 - Owner, Operator or Agent in Charge Information

Provide the following information, If different from all other sections on the form. If information is the same as another section of the form, Check which section:

- (•) 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 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

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-