

Date: Jun 9, 2025, 11:57:21 AM

Section 1 Type of Registration

1a. DOMESTIC REGISTRATION

1b. INITIAL REGISTRATION: 16634527070

PIN NUMBER: AI9c5Ahi

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: Animal Essentials

FACILITY NAME SUFFIX: Incorporated

FACILITY STREET ADDRESS, Line1: 23616 N.19th Ave

FACILITY STREET ADDRESS, Line2: Suite 6

CITY: Phoenix

STATE/PROVINCE/TERRITORY: Arizona

ZIP CODE (POSTAL CODE): 85085

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 602 8848121

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: agarcia@animalessentials.com

Section 3 Preferred Mailing Address Information

(Complete this section only if different from Section 2, Facility Name/Address Information)

If information is the same as section 2, check the box: ☒

NAME: Animal Essentials

ADDRESS, Line1: 23616 N.19th Ave

ADDRESS, Line2: Suite 6

CITY: Phoenix

STATE/PROVINCE/TERRITORY: Arizona

ZIP CODE (POSTAL CODE): 85085

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 602 8848121

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: agarcia@animalessentials.com

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: Animal Essentials

PARENT COMPANY SUFFIX: Incorporated

STREET ADDRESS OF PARENT COMPANY, Line 1: 23616 N.19th Ave

STREET ADDRESS OF PARENT COMPANY, Line2: Suite 6

CITY: Phoenix	STATE/PROVINCE/TERRITORY: Arizona
ZIP CODE (POSTAL CODE): 85085	
COUNTRY/AREA: UNITED STATES	
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 1 602 8848121	
FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):	
E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: agarcia@animalesentials.com	

Section 5 Emergency Contact Information

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

If information is the same as another section, check which section:

- ☒ Same as Facility Address (Section 2)
- ☐ Same as U.S. Agent Information (Section 7)
- ☐ None of the above

INDIVIDUAL'S TITLE:	INDIVIDUAL'S TITLE OTHER:
INDIVIDUAL'S NAME:	
INDIVIDUAL'S MIDDLE NAME:	
INDIVIDUAL'S LAST NAME:	
TITLE:	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 1 602 8848121	
E-MAIL ADDRESS: agarcia@animalesentials.com	

Section 6 Trade Names

(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:

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 Commonwealth 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: -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 (Include Area/Country Code): -N/A-	
EMAIL ADDRESS: -N/A-	

Section 8 Seasonal Facility Dates of Operation

For Harvest 1

End Month:

For Harvest 2

End Month:

☐ Food for Human Consumption ☒ Food for Animal Consumption

[illegible]

[illegible]

<input type="checkbox"/>	31. PET TREATS OR PET CHEWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	33. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the food categories listed above do not apply, then print the applicable food category or categories.

Other Activity Conducted

Section 10 - 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: Marcey Levine

STREET ADDRESS, Line 1: 23616 N.19th Ave

STREET ADDRESS, Line 2: Suite 6

CITY: Phoenix STATE/PROVINCE/TERRITORY: Arizona

ZIP CODE (POSTAL CODE): 85085

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 1 602 8848121

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): agarcia@animalessentials.com

Section 11 Inspection 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 12 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.

Name of the Submitter: Arturo V. Garcia

CHECK ONE BOX

☒ A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

☐ B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

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 (Required unless FDA has granted a waiver under 21 CFR 1.245): -N/A-