Date: Jun 9, 2025, 11:57:21 AM Section 1 Type of Registration DOMESTIC REGISTRATION 1a. 1b. INITIAL REGISTRATION: 16634527070 PIN NUMBER:AI9c5Ahi ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER : PREVIOUS OWNER'S TITLE : 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 STATE/PROVINCE/TERRITORY: Arizona CITY: Phoenix 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
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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

	T
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 60	2 8848121
FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):	
E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: agarcia@animalessen	ials.com
Section 5 Emergency Contact Information	
For foreign facilities, FDA will use your U.S. agent as your en	pergency contact unless you choose to designate a different
contact here.	
If information is the same as another section, check which sect	ion:
Same as Facility Address (Section 2)	
Same as U.S. Agent Information (Section 7)	
None of the above	
	INDIVIDUAL'S TITLE OTHERS.
INDIVIDUAL'S TITLE: INDIVIDUAL'S NAME:	INDIVIDUAL'S TITLE OTHER:
INDIVIDUAL'S MIDDLE NAME:	
INDIVIDUAL'S MIDDLE NAME:  INDIVIDUAL'S LAST NAME:	
TITLE:	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 1 602 8848121	
E-MAIL ADDRESS: agarcia@animalessentials.com	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section	n 2 above, list them below (E.G., "also doing business as,"
Section 6 Trade Names	n 2 above, list them below (E.G., "also doing business as,"
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):	n 2 above, list them below (E.G., "also doing business as,"
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terri	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terri Commenwealth of Puerto Rico)	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terri Commenwealth of Puerto Rico)  FIRST NAME OF U.S. AGENT: -N/A-	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terri Commenwealth of Puerto Rico)  FIRST NAME OF U.S. AGENT: -N/A-  MIDDLE NAME OF U.S. AGENT: -N/A-	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terri Commenwealth of Puerto Rico)  FIRST NAME OF U.S. AGENT: -N/A-  MIDDLE NAME OF U.S. AGENT: -N/A-	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terricommenwealth of Puerto Rico)  FIRST NAME OF U.S. AGENT: -N/A-  MIDDLE NAME OF U.S. AGENT: -N/A-  TITLE: -N/A-	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terri Commenwealth of Puerto Rico)  FIRST NAME OF U.S. AGENT: -N/A-  MIDDLE NAME OF U.S. AGENT: -N/A-  TITLE: -N/A-  ADDRESS, Line 1: -N/A-	
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terri Commenwealth of Puerto Rico)  FIRST NAME OF U.S. AGENT: -N/A-  MIDDLE NAME OF U.S. AGENT: -N/A-  TITLE: -N/A-  ADDRESS, Line 1: -N/A-  ADDRESS, Line 2: -N/A-	tory of the United States, District Of Columbia, or The
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terricommenwealth 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-	tory of the United States, District Of Columbia, or The  STATE: -N/A-
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terricommenwealth of Puerto Rico)  FIRST NAME OF U.S. AGENT: -N/A-  MIDDLE NAME OF U.S. AGENT: -N/A-  TITLE: -N/A-  ADDRESS, Line 1: -N/A-  ADDRESS, Line 2: -N/A-  CITY: -N/A-  ZIP CODE (POSTAL CODE): -N/A-	tory of the United States, District Of Columbia, or The  STATE: -N/A-
Section 6 Trade Names  (If this facility uses trade names other than that listed in section "facility also known as"):  ALTERNATE TRADE NAME #1:  Section 7 United States Agent  (To be completed by facilities located outside any state or terric 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: -N/A-  ADDRESS, Line 1: -N/A-  ADDRESS, Line 2: -N/A-  CITY: -N/A-  ZIP CODE (POSTAL CODE): -N/A-  PHONE NUMBER (Include Area/Country Code): -N/A-	tory of the United States, District Of Columbia, or The  STATE: -N/A-

Section 8 Seasonal Facility Dates of Operation

Optional - Give the approxim	nate dates	that your f	acility is	open for b	usiness, if	its opera	tions are c	n a seasoi	nal basis.	
For Harvest 1										
Start Month: End Month:										
For Harvest 2										
Start Month:				End N	Ionth:					
Section 9 General Product Categorie	es - HUMAI	N/ANIMAL/E	вотн							
Food for Human Consumption	<b>√</b>	Fo	od for Anin	nal Consum	ption					
Section 9b Food for Animal Consum	nption									
	Check all	F ACTIVITY types of ope or holding of	erations th			` •		he manufac	cturing/pr	ocessing,
To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE	Animal	Animal Food Warehouse / Holding Facility		1					E	Other

Low

Acid

Food

Processor

Contract

Sterilizer

Repacker

/ Packer

Labeler /

Relabeler

 $\checkmark$ 

 $\checkmark$ 

Acidified

Processor

Food

Farm

Type

Mixed-

Facility

Salvage

Operator

(Recondition

Activity

(Please

Specify

Below

Row 33

examples. IF NONE OF THE

**CATEGORIES BELOW** 

APPLY, SELECT BOX 28.

1. GRAIN OR GRAIN PRODUCTS (I.E., BARLEY, **GRAIN** SORGHUMS,

MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS) 2. OILSEED OR OILSEED PRODUCTS (I.E., COTTONSEED,

SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS) 3. ALFALFA PRODUCTS OR

LESPEDEZA PRODUCTS 4. AMINO ACIDS

OR RELATED **PRODUCTS** 5. ANIMAL PROTEIN

PRODUCTS 6. BOTANICALS

AND HERBS 7. BREWER **PRODUCTS** 

 $\checkmark$ 

MANDATORY

food

Processor

(e.g.,

facilities,

including

 $\checkmark$ 

storage tanks, grain elevators)

manufactu storage

8. CHEMICAL PRESERVATIVES					
9. CITRUS PRODUCTS					
10. DIRECT FED MICROBIALS					
11. DISTILLERY PRODUCTS					
12. ENZYMES					
13. FATS OR OILS					
14. FERMENTATION PRODUCTS					
15. FORAGE PRODUCTS					
16. HUMAN FOOD BY-PRODUCTS NOT OTHERWISE LISTED					
17. MARINE PRODUCTS					
18. MILK PRODUCTS					
19. MINERALS OR MINERAL PRODUCTS					
20. MISCELLANEOUS OR SPECIAL PURPOSE PRODUCTS					
21. MOLASSES OR MOLASSESS PRODUCTS					
22. NON-PROTEIN NITROGEN PRODUCTS					
23. PEANUT PRODUCTS					
24. PROCESSED ANIMAL WASTE PRODUCTS					
25. SCREENINGS					
26. TECHNICAL ADDITIVES					
27. VITAMINS OR VITAMIN PRODUCTS					
28. YEAST PRODUCTS					
29. MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)					
30. PET FOOD					

	31. PET TREATS OR PET CHEWS										
<b>V</b>	32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)						<b>V</b>	<b>V</b>			
	33. NONE OF THE ABOVE FOOD CATEGORIES										
If the food categories listed above do not apply, then print the applicable food category or categories.											
Other Ac	tivity Conducted										
Section 10 -	Owner, Operator or Age	ent in Charg	e Informatio	on							
	he following inform m, Check which sec		ifferent fr	om all oth	er section	s on the fo	orm. If info	ormation i	s the same	e as anoth	er section
Section	2 - Facility Address Informat	tion									
Section	3 - Preferred Mailing Addres	ss Information									
Section	4 - Parent Company Address	Information									
Section	7 - US Agent Address Inforn	nation									
NAME OF E	NTITY OR INDIVIDUAL W	VHO IS THE	OWNER, OPE	RATOR, OR	AGENT IN C	HARGE: Marc	cey Levine				
STREET AD	DRESS, Line 1: 23616 N.19	th Ave									
STREET AD	DRESS, Line 2: Suite 6										
CITY: Phoen	ix						STA	ATE/PROVIN	CE/TERRITO	RY: Arizona	
ZIP CODE (F	POSTAL CODE): 85085										
COUNTRY/A	AREA: UNITED STATES										
PHONE NUM	MBER (Include Area/Country	y Code): 1 602	8848121								
FAX NUMBI	ER (OPTIONAL; Include Ar	ea/Country Co	ode):								
E-MAIL ADI	DRESS (Required unless FD.	A has granted	a waiver unde	r 21 CFR 1.24	5): agarcia@aı	nimalessentials	s.com				
Section 11 I	Inspection Statement										
FDA w	rill be permitted to inspect the	e facility at the	time and in th	e manner pern	nitted by the F	ederal Food, I	Orug, and Cosn	netic Act.			
Section 12 (	Certification Statement										
submitting the true and accur true and accur by name the i	operator, or agent in charge is form to FDA, or by authori rate. An individual (other tha rate and that he/she is authori ndividual who authorized sul is subject to criminal penaltie	izing an indivi in the owner, o ized to submit bmission of the	dual to submit perator or age the registration	this form to F nt in charge of n on the facilit	DA, the owner the facility) w y's behalf. An	r, operator, or tho submits the individual aut	agent in charge e form to the F horized by the	DA also certif owner, operat	y certifies that lies that the abo or, or agent in	the above info ove information charge must b	ormation is on submitted is below identify
Name of the S	Submitter: Arturo V. Garcia										
CHECK ON	E BOX										
A.OWN	IER, OPERATOR, OR AGE	NT IN CHAR	GE (STOP HE	RE, FORM IS	COMPLETE	D)					
B.INDI	VIDUAL AUTHORIZED TO	O SUBMIT TH	IE REGISTRA	ATION							
ADDRESS II	ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-										

AUTHORIZING INDIVIDUAL STRE	ET ADDRESS, Line1: -N/A-	
AUTHORIZING INDIVIDUAL STRE	ET 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/Cour	ntry 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-