

FDA U.S. Food and Drug Administration Food Facility Registration

Date: 05/29/2019 11:20:36

Please review the registration.

| | |
|---|---------------------------------------|
| Created Date 2019-01-12 13:09:57.0 | Created by inv43753 |
| Registration Expiration Date 2020-12-31 | Registration Renewed Date |
| Last Updated 2019-02-10 | Last Modified by FEI_NUMBER_UPDATE |
| Last Modified by Company InvaPharm, Inc. | |
| Registration Status VALID | |

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?
 Yes No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

FACILITY REGISTRATION NUMBER 18829517500

Are you the new owner of a previously registered facility?
 Yes No

Previous Owner's Title:
 Previous Owner's Name:
 Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

| | |
|---|---|
| Facility Name InvaPharm, Inc. | Telephone Number 001 909 7571818 |
| Facility Name Suffix Other | Fax Number 001 909 7571808 |
| Facility Name Suffix Other Inc. | E-Mail Address kbodar@invapharm.com |
| Facility Street Address, Line 1 1320 W Mission Blvd | |
| Facility Street Address, Line 2 | |
| City Ontario | |
| State/Province/Territory California | |
| Zip/Postal Code 91762-4786 | |
| Country/Area UNITED STATES | |

Section 3: Preferred Mailing Address Information

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

Is the preferred mailing address the same as the facility address (Section 2)? Yes

| | |
|---|---|
| Name InvaPharm, Inc. | Telephone Number 001 909 7571818 |
| Address, Line 1 1320 W Mission Blvd | Fax Number 001 909 7571808 |
| Address, Line 2 | E-Mail Address kbodar@invapharm.com |
| City Ontario | |
| State/Province/Territory California | |
| Zip Code (Postal Code) 91762 | |
| Country/Area UNITED STATES | |

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:

- Same as Facility Address (Section 2)
 Same as Preferred Mailing Address (Section 3)
 None of the above

| | |
|---|---|
| Company Name InvaPharm, Inc. | Telephone Number 001 909 7571818 |
| Company Name Suffix Other | Fax Number 001 909 7571808 |
| Company Name Suffix Other Inc. | E-Mail Address kbodar@invapharm.com |
| Address, Line 1 1320 W Mission Blvd | |
| Address, Line 2 | |
| City Ontario | |
| State/Province/Territory California | |
| Zip Code (Postal Code) 91762 | |
| Country/Area UNITED STATES | |

Section 5: Facility Emergency Contact Information

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

- Same as Facility Address (Section 2)
 None of the above

| | |
|--|---|
| Individual's Title <i>(Optional)</i> | Emergency Contact Phone 001 909 7571818 |
| Individual's Name <i>(Optional)</i> | |
| Individual's Middle Name <i>(Optional)</i> | E-mail Address kbodar@invapharm.com |
| Individual's Last Name <i>(Optional)</i> | Job Title <i>(Optional)</i> |

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"))

Are there alternate trade names used by your facility in addition to the name provided in Section 2: Facility Name/Address Information?

Yes No

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 Emergency Contact Phone
-N/A- -N/A-

Middle Name *(Optional)* Fax Number
-N/A- -N/A-

Last Name *(Optional)* E-Mail Address
-N/A- -N/A-

Title *(Optional)*
-N/A-

Address, Line 1
-N/A-

Address, Line 2
-N/A-

City
-N/A-

State/Province/Territory
-N/A-

Zip Code (Postal Code)
-N/A-

Country/Area
-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 *(Optional)*.

Harvest 1
Start Month End Month

Harvest 2
Start Month End Month

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

| To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37. | Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators) | Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks) | Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities) | Acidified Food Processor | Low-Acid Food Processor | Interstate Conveyance Caterer / Catering Point | Contract Sterilizer | Labeler / Relabeler | Manufacturer / Processor | Packer / Repacker | Salvage Operator (Reconditioner) | Farm Mixed-Type Facility | Other Activity Conducted (Please Specify) |
|---|--|--|---|--------------------------|--------------------------|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|--------------------------|---|
| 12. DIETARY SUPPLEMENT CATEGORIES | | | | | | | | | | | | | |
| a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3(o) (20)] | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Vitamins and Minerals | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Animal By-Products and Extracts | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Herbs and Botanicals | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Kalpesh Bodar

Address, Line 1: 1320 W Mission Blvd
 Telephone Number: 001 909 7571818

Address, Line 2:
 Fax Number: 001 909 7571808

City: Ontario
 E-Mail Address: kbodar@invapharm.com

State/Province/Territory: California

Zip Code (Postal Code): 91762

Country/Area: UNITED STATES

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 PERSON SUBMITTING THIS REGISTRATION FORM: Katiria Liz Sierra-Melendez, an Employee of Registrar Corp

CHECK ONE BOX

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

- Same as Section 10

Individual's Name

Kalpesh Bodar

Telephone Number

001 909 7571818

Address, Line 1

1320 W Mission Blvd

Fax Number

001 909 7571808

Address, Line 2

E-Mail Address

kbodar@invapharm.com

City

Ontario

State/Province/Territory

California

Zip Code (Postal Code)

91762

Country/Area

UNITED STATES