

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)	FDA USE ONLY <div style="font-size: 2em; font-family: cursive;">123157</div>	FDA USE ONLY <div style="font-size: 2em; font-family: cursive;">20081118</div>
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NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).

SECTION A - SITE INFORMATION	LABELER CODE 060538	REGISTRATION NUMBER 2951078
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REPORTING FIRM NAME AnaSpec, Inc.	STATE OF INC. California
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SITE ADDRESS (No P.O. Box) 2149 O'Toole Avenue	SITE TELEPHONE NUMBER (408) 452-5055
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CITY San Jose	STATE CA	ZIP CODE 95131	COUNTRY USA	BUSINESS CATEGORY: <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
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SITE MAILING ADDRESS (If different from site address)
SAME

CITY SAME	STATE	ZIP CODE	COUNTRY	SITE INTERNET/EMAIL ADDRESS
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DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)
NA

PARENT COMPANY NAME
NA

REASON(S) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input checked="" type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business	TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other _____	PERSON SUBMITTING DATA AND TELEPHONE Freeman Hsu (408) 452-5055 BUSINESS TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____
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SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence

NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code 2149 O'Toole Avenue	TELEPHONE NUMBER (408) 452-5055
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CITY San Jose	STATE CA	ZIP CODE 95131	COUNTRY USA	COMPLIANCE INTERNET/EMAIL ADDRESS qc@anaspec.com
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SECTION C - ADDITIONAL FIRM AND SITE INFORMATION

NAME OF OWNER, PARTNERS OR OFFICERS	TITLE	RECEIVED
Dr. Anita HONG	President	NOV 18 2008
Dr. Frank HONG	CEO	
DRLS		

OTHER FIRMS DOING BUSINESS AT THIS SITE

LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME
NA	NA	NA	NA

SECTION D - SIGNATURE

SIGNATURE OF AUTHORIZING OFFICIAL 	TITLE CEO	DATE 11/13/2008
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***DISTRIBUTOR'S CERTIFICATION:** As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.

RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION INFORMATION MANAGEMENT TEAM, HFD-095 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRUGLISTING@CDER.FDA.GOV	SIGNATURE OF DISTRIBUTOR DISTRIBUTOR'S TELEPHONE NUMBER ()
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