

# DHHS/FDA - FOOD FACILITY REGISTRATION FORM

Please review the registration.

DATE: March 23, 2005 (MM/DD/YYYY)

## Section 1 - TYPE OF REGISTRATION

1a. Foreign Registration

1b. FACILITY REGISTRATION NUMBER:  
19092923544

PIN: xb42b454

1c. PREVIOUS OWNER'S NAME:

PREVIOUS OWNER'S REGISTRATION NUMBER:

## Section 2 - FACILITY NAME / ADDRESS INFORMATION

NAME: Ineko BV

FACILITY STREET ADDRESS, Line 1: Jan Naardingstraat 6

FACILITY STREET ADDRESS, Line 2:

CITY: ASSEN

STATE / PROVINCE: Drenthe

ZIP CODE (POSTAL CODE): 9402KL

COUNTRY: NETHERLANDS

PHONE NUMBER (Include Area/Country Code): 31 592 371741

FAX NUMBER (OPTIONAL; Include Area/Country Code): 31 592 409417

E-MAIL ADDRESS (OPTIONAL): info@microbioticum.com

## Section 3 - PREFERRED ADDRESS MAILING INFORMATION (Optional)

NAME:

ADDRESS, Line 1:

ADDRESS, Line 2:

CITY:

STATE / PROVINCE:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Include Area/Country Code):

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

E-MAIL ADDRESS (OPTIONAL):

## Section 4 - PARENT COMPANY NAME / ADDRESS INFORMATION

NAME OF PARENT COMPANY:

STREET ADDRESS, Line 1:

STREET ADDRESS, Line 2:

CITY:

STATE / PROVINCE:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Include Area/Country Code):

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

**E-MAIL ADDRESS (OPTIONAL):**

**Section 5 - FACILITY EMERGENCY CONTACT INFORMATION**

**INDIVIDUAL'S NAME (Optional):** Henk Koopman

**TITLE (Optional):** Director

**EMERGENCY CONTACT PHONE (Include Area/Country Code):** 31 592 371741

**E-MAIL ADDRESS (Optional):** info@microbioticum.com

**Section 6 - TRADE NAMES**

**ALTERNATE TRADE NAME #1:**

**ALTERNATE TRADE NAME #2:**

**ALTERNATE TRADE NAME #3:**

**ALTERNATE TRADE NAME #4:**

**Section 7 - UNITED STATES AGENT**

**NAME OF U.S. AGENT:** PPP DAIRY LLC

**TITLE (Optional):**

**STREET ADDRESS, Line 1:** 3637 COUNTY ROAD 12 WEST

**STREET ADDRESS, Line 2:**

**CITY:** HEREFORD

**STATE:** TEXAS

**ZIP CODE:** 79045

**U.S. AGENT PHONE NUMBER (Include Area Code):** 806 5784706

**EMERGENCY CONTACT PHONE (Include Area Code):** 806 5784706

**FAX NUMBER (OPTIONAL; Include Area Code):** 806 5784706

**E-MAIL ADDRESS (Optional):**

**Section 8 - SEASONAL FACILITY DATES OF OPERATION (Optional)**

**DATES OF OPERATION:**

**Section 9 - TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional)**

**Section 10 - TYPE OF STORAGE**

**Section 11a - GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION**

None of the Above Mandatory Categories

**Section 11b - GENERAL PRODUCT CATEGORY - FOOD FOR ANIMAL CONSUMPTION**

Most/All Animal Food Product Categories

**Section 12 - OWNER, OPERATOR, OR AGENT IN CHARGE INFORMATION**

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: H KOOPMAN

STREET ADDRESS, Line 1: Jan Naardingstraat 6

STREET ADDRESS, Line 2:

CITY: ASSEN

STATE / PROVINCE: Drenthe

ZIP CODE (POSTAL CODE): 9402KL

COUNTRY: NETHERLANDS

PHONE NUMBER (Include Area/Country Code): 31 592 371741

FAX NUMBER (OPTIONAL; Include Area/Country Code): 31 592 409417

E-MAIL ADDRESS (OPTIONAL): info@microbioticum.com

**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.

NAME OF THE SUBMITTER: H KOOPMAN

CHECK ONE BOX:

- A. OWNER, OPERATOR OR AGENT IN CHARGE  
 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  
 \_\_\_\_\_ (INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION)

FACILITY STREET ADDRESS, Line 1:

FACILITY STREET ADDRESS, Line 2:

CITY:

STATE / PROVINCE:

ZIP CODE (POSTAL CODE):

COUNTRY:

PHONE NUMBER (Include Area/Country Code):

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

E-MAIL ADDRESS (OPTIONAL):