



Date:10/17/2022 15:46:13

Please review the registration.

| | |
|------------------------------|---------------------------|
| Created Date | Created by |
| 2013-12-04 13:48:07.0 | vit35296 |
| Registration Expiration Date | Registration Renewed Date |
| 2024-12-31 | 2022-10-17 |
| Last Modified by | |
| FMLS | |
| Last Updated | |
| 2022-10-17 | |
| Last Modified by Company | Registration Status |
| Vitalabs, Inc | 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

Initial Registration 17923990910

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: 11568341448

Section 2: Facility Name/Address Information

| | |
|---------------------------------|----------------------------------|
| Facility Name | Telephone Number |
| Vitalabs, Inc | 001 800 2413017 |
| Facility Name Suffix | Fax Number |
| Corporation | |
| Facility Street Address, Line 1 | E-Mail Address |
| 1451 Highway 20 W | justin@vitalabs.com |
| Facility Street Address, Line 2 | Unique Facility Identifier (UFI) |
| | 097393581 |
| City | |
| McDonough | |
| State/Province/Territory | |
| Georgia | |
| Zip Code (Postal Code) | |
| 30253 | |



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 | Telephone Number |
| Vitalabs, Inc | 001 800 2413017 |
| Address, Line 1 | Fax Number |
| 1451 Highway 20 W | |
| Address, Line 2 | E-Mail Address |
| | justin@vitalabs.com |
| City | |
| McDonough | |
| State/Province/Territory | |
| Georgia | |
| Zip Code (Postal Code) | |
| 30253 | |
| 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 | Telephone Number |
| Vitalabs, Inc | 001 800 2413017 |
| Company Name Suffix | Fax Number |
| Corporation | |
| Address, Line 1 | E-Mail Address |
| 1451 Highway 20 W | justin@vitalabs.com |
| Address, Line 2 | |
| City | |
| McDonough | |
| State/Province/Territory | |
| Georgia | |
| Zip Code (Postal Code) | |
| 30253 | |
| 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 (Optional) | Emergency Contact Phone |
| | 001 800 2413017 |
| Individual's Name (Optional) | E-Mail Address |
| | justin@vitalabs.com |
| Individual's Middle Name (Optional) | Job Title (Optional) |
| Individual's Last Name (Optional) | |

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 _____
 January _____ December _____

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 Process or | Low-Acid Food Process or | 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 170.301 (2)(i)) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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"/> |
| d. Herbs and Botanicals | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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: Vic Shull

| | |
|--------------------------|---------------------|
| Address, Line 1 | Telephone Number |
| 1451 Hwy 20 West | 001 800 2413017 |
| Address, Line 2 | Fax Number |
| City | E-Mail Address |
| Mc Donough | Justin@vitalabs.com |
| State/Province/Territory | |
| Georgia | |
| Zip Code (Postal Code) | |
| 30253 | |
| 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: Brian Evans

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:

| | |
|--------------------------|------------------|
| Individual's Name | Telephone Number |
| -N/A- | -N/A- |
| Address, Line 1 | Fax Number |
| -N/A- | -N/A- |
| Address, Line 2 | E-Mail Address |
| -N/A- | -N/A- |
| City | |
| -N/A- | |
| State/Province/Territory | |
| -N/A- | |



**U.S. FOOD & DRUG
ADMINISTRATION**

CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-