## RESEARCH FACILITY SITES LISTING

Registered Facility Name: <u>U</u>	niversity Laboratory Animal Resources		
Registration Number: 3	1-R-0014		
Be sure to include all reque the line does not apply, plea	nat house animals under the above reginested information. Do not leave any spa ase mark it N/A. If you have more that any times as needed before filling in th	aces blank. If n three (3) sites,	
Site No.: 10 Name/Departme	ent: Veterinary Hospital	<del></del>	
Add	ress: 601 Tharp Street	(Street Name)	
	Cols., OH 43210	(Town/City )	
Build	ding: N/A		
Floor/Ro	oom: <u>0126</u>		
Contact Per	Son: $\frac{(b)(6),(b)(7)(0)}{(b)(7)(0)}$ Phone	(b)(G), (L)(7)(C)	
Site No.: 11 Name/Departme	ent: Ohio Agriculture Research and Dev	Ohio Agriculture Research and Development Center	
Add	ress: 1680 Madison Ave.	(Street Name)	
Add	Wooster, OH 44691	(Street Name) (Town/City )	
Buik	Wooster, OH 44691		
Buik	Wooster, OH 44691  ding: N/A		
Build Floor/Ro	Wooster, OH 44691  ding: N/A  com: N/A  rson: Phon	(Town/City )	
Build Floor/Ro Contact Per Site No.: 12 Name/Departme	Wooster, OH 44691  ding: N/A  com: N/A  rson: Phon	(Town/City )	
Build Floor/Ro Contact Per Site No.: 12 Name/Departme	Wooster, OH 44691  ding: N/A  com: N/A  Phon  (b)(7)(c)  ent: Botany and Zoology	(Town/City ) e No.: (6)(6), (6)(7)(6)	
Build Floor/Ro Contact Per Site No.: 12 Name/Departme	Wooster, OH 44691  ding: N/A  com: N/A  Phon  (b)(7)(c)  ent: Botany and Zoology  ress: 1735 Neil Ave.	(Town/City ) e No.: (b)(j) (b)(7)(c) (Street Name)	
Build Floor/Ro Contact Per Site No.: 12 Name/Departme	Wooster, OH 44691  ding: N/A  com: N/A  Phon  (b)(7)(c)  ent: Botany and Zoology  ress: 1735 Neil Ave.  Cols., OH 43210	(Town/City ) e No.: (b)(j) (b)(7)(c) (Street Name)	

## RESEARCH FACILITY SITES LISTING

Registered Facility Name: Univer	rsity Laboratory Animal Resources	
Registration Number: 31-R-0	0014	
Be sure to include all requested the line does not apply, please it	ouse animals under the above registration number. I information. Do not leave any spaces blank. If mark it N/A. If you have more than three (3) sites, times as needed before filling in the sites.	
Site No.: 13 Name/Department:	Alice L. Finley Memorial Center	
Address:	2108 Plain City-Georgesville Rd. (Street N	ame)
	West Jefferson, OH 43216 (Town/Ci	ty )
Building:	N/A	· · · · · · · · · · · · · · · · · · ·
Floor/Room:	N/A	
Contact Person:	Phone No. (b)(6), (b)(7)(c)	* * (A)
Site No.:Name/Department:		
Address:	:(Street N	ame)
	(Town/Ci	ty )
Building:		
Floor/Room:	<u> </u>	
Contact Person:	Phone No.:	
<del> </del>		<u>-</u> ` <del>-</del>
Site No.: Name/Department:		<del></del>
Address:	:(Street N	ame)
	(Town/Ci	ty )
Building:	:	
Floor/Room:		
Contact Person:	Phone No.:	