

DHHS/FDA - FOOD FACILITY REGISTRATION FORM**Please review the registration.**

DATE: December 09, 2004 (MM/DD/YYYY)	
<i>Section 1 - TYPE OF REGISTRATION</i>	
1a. Foreign Registration	
1b. FACILITY REGISTRATION NUMBER: 13146187044	PIN:
1c. PREVIOUS OWNER'S NAME:	
PREVIOUS OWNER'S REGISTRATION NUMBER:	

<i>Section 2 - FACILITY NAME / ADDRESS INFORMATION</i>	
NAME: MARCOZZI GABRIELE & C. S.N.C	
FACILITY STREET ADDRESS, Line 1: Via Valdaso	
FACILITY STREET ADDRESS, Line 2:	
CITY: Campofilone	
STATE / PROVINCE: Ascoli Piceno	ZIP CODE (POSTAL CODE): 63010
COUNTRY: ITALY	
PHONE NUMBER (Include Area/Country Code): 39 0734 933156	
FAX NUMBER (OPTIONAL; Include Area/Country Code): 39 0734 931725	
E-MAIL ADDRESS (OPTIONAL): marcozzi.gabriele@libero.it	

<i>Section 3 - PREFERRED ADDRESS MAILING INFORMATION (Optional)</i>	
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):	

<i>Section 4 - PARENT COMPANY NAME / ADDRESS INFORMATION</i>	
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):	

<i>Section 5 - FACILITY EMERGENCY CONTACT INFORMATION</i>	
INDIVIDUAL'S NAME (Optional):	
TITLE (Optional):	
EMERGENCY CONTACT PHONE (Include Area/Country Code):	
E-MAIL ADDRESS (Optional):	