U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:10/23/2024 14:36:11

Created Date
2020-07-15 20:15:32.0

Created by
ava52905

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-10-23

Last Updated
2024-10-23

Registration Status Reason
Accepted UFI

Registration Status
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

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

( ) Yes (●) No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **12601003012** Pin No **E5bxx7i9**

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:

Section 2: Facility Name/Address Information

Facility Name
Inutr Health Products Inc.

Telephone Number
001 236 4273891

Facility Name Suffix
Corporation

Fax Number

Facility Street Address, Line 1
3568 191 St Unit 103

E-Mail Address
qian.wang@chineseyi.com.cn

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City
Surrey

State/Province/Territory
British Columbia

Zip Code (Postal Code)
V3Z 0P6

Country/Area
CANADA

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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

Inutr Health Products Inc.

Address, Line 1

3568 191 St Unit 103

Address, Line 2

City

Surrey

State/Province/Territory

British Columbia

Zip Code (Postal Code)

V3Z 0P6

Country/Area

CANADA

Telephone Number

001 236 4273891

Fax Number

E-Mail Address

qian.wang@chineseyi.com.cn

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

Inutr Health Products Inc.

Company Name Suffix

Corporation

Address, Line 1

3568 191 St Unit 103

Address, Line 2

City

Surrey

State/Province/Territory

British Columbia

Zip Code (Postal Code)

V3Z 0P6

Country/Area

CANADA

Telephone Number

001 236 4273891

Fax Number

E-Mail Address

qian.wang@chineseyi.com.cn

Section 5: Facility Emergency Contact Information

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If information is the same as another section, check which section:

- (●) Same as Facility Address (Section 2)
- ( ) Same as U.S. Agent Information (Section 7)
- ( ) None of the above

Individual's Title (Optional)

Individual's Name (Optional)

Individual's Middle Name (Optional)

Individual's Last Name (Optional)

Emergency Contact Phone
001 236 4273891

E-Mail Address
qian.wang@chineseyi.com.cn

Job Title (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
Subhendu

Middle Name (Optional)

Last Name
Nayak

Title (Optional)

Address, Line 1
12208 Praxis way,

Address, Line 2

City
Cary

State/Province/Territory
North Carolina

Zip Code (Postal Code)
27519

Country/Area
UNITED STATES

Telephone Number
952 2702390 null

Emergency Contact Phone
952 2702390

Fax Number

E-Mail Address
subhenduroyal@gmail.com

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

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 Processor	Low-Acid Food Processor	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 170.3(o) (20)]	☐	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
b.Vitamins and Minerals	☐	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
d.Herbals and Botanicals	☐	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐

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: Qian Wang

Address, Line 1 | Telephone Number

103-3568 191 St | **001 236 4273891**

Address, Line 2

City

Surrey

State/Province/Territory

British Columbia

Zip Code (Postal Code)

V3Z 0P6

Country/Area

CANADA

Fax Number

E-Mail Address

qian.wang@chineseyi.com.cn

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 RENEWAL: Qian Wang

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

-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-

Telephone Number

-N/A-

Fax Number

-N/A-

E-Mail Address

-N/A-

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