

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION <b>REGISTRATION OF DRUG ESTABLISHMENT/                  LABELER CODE ASSIGNMENT</b> (In accordance with Public Law 92-387)	FDA USE ONLY  <b>RE 75,948</b>	FDA USE ONLY  <b>REGISTERED FDA</b>  2006 SEP 15 PM 1:13
--	--------------------------------------	--

NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).

<b>SECTION A - SITE INFORMATION</b>	LABELER CODE 57915	REGISTRATION NUMBER 2027600
REPORTING FIRM NAME Soaptronic, LLC	STATE OF INC. California	

SITE ADDRESS (No P.O. Box) 20562 Crescent Bay Drive	SITE TELEPHONE NUMBER ( 949 ) 465 8955
--	---

CITY Lake Forest	STATE CA	ZIP CODE 92630	COUNTRY USA	BUSINESS CATEGORY <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY
---------------------	-------------	-------------------	----------------	--

SITE MAILING ADDRESS (If different from site address)  
Same

CITY	STATE	ZIP CODE	COUNTRY	SITE INTERNET/EMAIL ADDRESS
------	-------	----------	---------	-----------------------------

DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)  
N/A

PARENT COMPANY NAME  
N/A

<b>REASON(S) FOR SUBMISSION</b> <input type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input checked="" type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change	<input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business	<b>TYPE OF OWNERSHIP</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other <u>LLC</u>	<b>PERSON SUBMITTING DATA AND TELEPHONE</b> Susanne Rossler (949) 465 8955  <b>BUSINESS TYPE</b> <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other
--	---	--	--

**SECTION B - FIRM COMPLIANCE MAILING ADDRESS** for Annual Listing Report and/or Firm Correspondence

NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code  
20562 Crescent Bay Drive, Attn.: Horst Binderbauer

CITY Lake Forest	STATE CA	ZIP CODE 92630	COUNTRY USA	TELEPHONE NUMBER ( 949 ) 465 8955
---------------------	-------------	-------------------	----------------	--------------------------------------


**SECTION C - ADDITIONAL FIRM AND SITE INFORMATION**

NAME OF OWNER, PARTNERS OR OFFICERS	TITLE	POSITION
Horst Binderbauer	President	Owner

**OTHER FIRMS DOING BUSINESS AT THIS SITE**

LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME

**SECTION D - SIGNATURE**

SIGNATURE OF AUTHORIZING OFFICIAL 	TITLE President	DATE 8/2/2006
---	--------------------	------------------

\*DISTRIBUTOR'S CERTIFICATION: As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.

<b>RETURN THIS FORM TO:</b> FOOD AND DRUG ADMINISTRATION CDER DRUG REGISTRATION AND LISTING, (HFD-143) 5901 B AMMENDALE ROAD BELTSVILLE, MD 20705 INTERNET: DRUGLISTING@CDER.FDA.GOV	SIGNATURE OF DISTRIBUTOR  DISTRIBUTOR'S TELEPHONE NUMBER (     )
---	---

**RECEIVED**  
AUG 07 2006  
**DRLS**