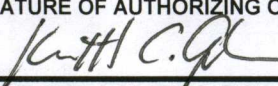


DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)			FDA USE ONLY 132868		FDA USE ONLY 2009 FEB 13 PM 4:39	
NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report 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).				LABELER CODE 10544	REGISTRATION NUMBER 3004765103	
SECTION A - SITE INFORMATION						
REPORTING FIRM NAME Blenheim Pharmacal, Inc.					STATE OF INC. New York	
SITE ADDRESS (No P.O. Box) 119 Creamery Road					SITE TELEPHONE NUMBER (518) 827-3121	
CITY North Blenheim		STATE NY	ZIP CODE 12131	COUNTRY USA	BUSINESS CATEGORY <input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY	
SITE MAILING ADDRESS (If different from site address)						
CITY		STATE	ZIP CODE	COUNTRY	SITE INTERNET/EMAIL ADDRESS	
DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)						
PARENT COMPANY NAME						
REASON(s) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Merger/Buyout <input checked="" type="checkbox"/> Re-Registration <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> LC Assignment <input type="checkbox"/> Out of Business <input type="checkbox"/> Name Change			TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other _____		PERSON SUBMITTING DATA AND TELEPHONE Keith Graham (518) 827-3121	
					BUSINESS TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor* <input checked="" type="checkbox"/> Repacker <input type="checkbox"/> Foreign Country <input type="checkbox"/> Relabeler <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 119 Creamery Road					TELEPHONE NUMBER (518) 827-3121	
CITY North Blenheim		STATE NY	ZIP CODE 12131	COUNTRY USA	COMPLIANCE INTERNET/EMAIL ADDRESS keith@bpipack.com	
SECTION C - ADDITIONAL FIRM AND SITE INFORMATION						
NAME OF OWNER, PARTNERS OR OFFICERS Keith C. Graham			TITLE Mr.		POSITION President	
RECEIVED DEC 11 2008 DALS						
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 12/1/2008
*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.						
RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRLS@FDA.HHS.GOV				SIGNATURE OF DISTRIBUTOR		
				DISTRIBUTOR'S TELEPHONE NUMBER ()		