

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 10/11/2019 9:37:29

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Please review the registration.

Created Date  
**2017-11-14 12:15:44.0**

Created by  
**cli86691**

Registration Expiration Date  
**2020-12-31**

Registration Renewed Date  
**2018-12-20**

Last Updated  
**2018-12-20**

Last Modified by  
**cli86691**

Last Modified by Company  
**ClientLink**

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

### Section 1: Type of Registration

Facility Location: **Domestic Registration**

Initial Registration **15983412696** Pin No **52EFeAJI**

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 <b>ClientLink</b>	Telephone Number <b>001 215 3289901 133</b>
Facility Name Suffix <b>Incorporated</b>	Fax Number <b>001 215 3289902</b>
Facility Street Address, Line 1 <b>220 Commerce Dr</b>	E-Mail Address <b>mj.ortiz@ibsdm.com</b>
Facility Street Address, Line 2	
City <b>Montgomeryville</b>	
State/Province/Territory <b>Pennsylvania</b>	
Zip/Postal Code <b>18936-9640</b>	
Country/Area <b>UNITED STATES</b>	

## 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 <b>ClientLink</b>	Telephone Number <b>001 215 3289901 133</b>
Address, Line 1 <b>220 Commerce Dr</b>	Fax Number <b>001 215 3289902</b>

Address, Line 2

City

**Montgomeryville**

State/Province/Territory

**Pennsylvania**

Zip Code (Postal Code)

**18936**

Country/Area

**UNITED STATES**

E-Mail Address

**mj.ortiz@ibsdm.com**

#### 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

**Logan Marketing Group**

Telephone Number

**001 215 3289901**

Company Name Suffix

**Limited Liability Corporation**

Fax Number

E-Mail Address

**mj.ortiz@ibsdm.com**

Address, Line 1

**220 Commerce Drive**

Address, Line 2

City

**Montgomeryville**

State/Province/Territory

**Pennsylvania**

Zip Code (Postal Code)

**18936**

Country/Area  
**UNITED STATES**

### Section 5: Facility Emergency Contact Information

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

- Same as Facility Address (Section 2)  
 None of the above

Individual's Title *(Optional)*

Emergency Contact Phone

Individual's Name *(Optional)*

**001 215 3289901**

Individual's Middle Name *(Optional)*

E-mail Address

**mj.ortiz@ibsdm.com**

Individual's Last Name *(Optional)*

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

Emergency Contact Phone

**-N/A-**

**-N/A-**

Middle Name *(Optional)*

Fax Number

**-N/A-**

**-N/A-**

Last Name *(Optional)*

E-Mail Address

**-N/A-**

**-N/A-**

Title (Optional)

**-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-**

### 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

**January**

End Month

**December**

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)
6. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS [21 CFR 170.3 (n) (4)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DIETARY SUPPLEMENT CATEGORIES													
b. Vitamins and Minerals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility**

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33.	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
30. PET FOOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. PET TREATS OR PET CHEWS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 - U.S. Agent Address Information**  
 **None of the above**

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: MJ Ortiz

Address, Line 1

**220 Commerce Dr**

Telephone Number

**001 215 3289901 133**

Address, Line 2

Fax Number

**001 215 3289902**

City

**Montgomeryville**

E-Mail Address

**mj.ortiz@ibsdm.com**

State/Province/Territory

**Pennsylvania**

Zip Code (Postal Code)

**18936**

Country/Area

**UNITED STATES**

### 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 FORM:** MJ Ortiz

**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-

Telephone Number  
-N/A-

Address, Line 1  
-N/A-

Fax Number  
-N/A-

Address, Line 2  
-N/A-

E-Mail Address  
-N/A-

City  
-N/A-

State/Province/Territory  
-N/A-

Zip Code (Postal Code)  
-N/A-

Country/Area  
-N/A-