



Date:01/23/2025 16:00:08

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: **Domestic Registration**Initial Registration **13580770422** Pin No **b8BdeeJI**

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

Three Rivers Mothers' Milk Bank

Telephone Number

001 412 2814400 105

Facility Name Suffix

Fax Number

Non-Profit Organization**001 412 2814326**

Facility Street Address, Line 1

3127 Penn Ave

E-Mail Address

cverardi@midatlanticmilkbank.org

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Arsenal

State/Province/Territory

Pennsylvania

Zip Code (Postal Code)

15201

Country/Area

UNITED STATES**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

Three Rivers Mothers' Milk Bank

Telephone Number

001 412 2814400 105

Address, Line 1

3127 Penn Ave

Fax Number

001 412 2814326

FDA | U.S. Food and Drug Administration Food Facility Registration

Registration Successful ✓

Your Registration Number is **13580770422**

Your Pin is **b8BdeeJl**

Your registration's expiration date is **12/31/2026**

Please keep the registration number and PIN for your records. The registration number is required for all communication with FDA regarding this registration. The PIN will allow you to access the registration online.