## ANNUAL REPORT OF RESEARCH FACILITY

### (TYPE OR PRINT)

#### FACILITY LOCATIONS:
See Attached Listing

#### REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY

<table>
<thead>
<tr>
<th>A. Animals Covered By The Animal Welfare Regulations</th>
<th>B. Number of animals used for each category</th>
<th>C. Number of animals used for each category</th>
<th>D. Number of animals used for each category</th>
<th>E. Number of animals used for each category</th>
<th>F. TOTAL NO. OF ANIMALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cats</td>
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<tr>
<td>Guinea Pigs</td>
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<tr>
<td>Hamsters</td>
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<tr>
<td>Rabbits</td>
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<tr>
<td>Non-Human Primates</td>
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<tr>
<td>Sheep</td>
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<tr>
<td>Pigs</td>
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<tr>
<td>Other Farm Animals</td>
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<tr>
<td>Other Animals</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### ASSURANCE STATEMENTS

1. Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were observed by this research facility.
2. Each principal investigator has considered alternatives to painful procedures.
3. This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
4. The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

### CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional official)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

**SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

**NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

**DATE SIGNED**

**APHIS FORM 7023**

(Replaces VS FORM 18-22 (Oct 88), which is obsolete)

**PART 1 - HEADQUARTERS**
## ANNUAL REPORT OF RESEARCH FACILITY

**TYPE OR PRINT**

### FACILITY LOCATIONS

(List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

### REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY

(Attach additional sheets if necessary or use APHIS Form 7023A)

<table>
<thead>
<tr>
<th>A. Animals Covered</th>
<th>B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.</th>
<th>C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.</th>
<th>D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.</th>
<th>E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.</th>
<th>F. TOTAL NUMBER OF ANIMALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Dogs</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Cats</td>
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<tr>
<td>6. Guinea Pigs</td>
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<tr>
<td>8. Rabbits</td>
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<td>36</td>
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<tr>
<td>9. Non-human Primates</td>
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<tr>
<td>10. Sheep</td>
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<td>8</td>
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<td>8</td>
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<tr>
<td>11. Pigs</td>
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<tr>
<td>12. Other Farm Animals</td>
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<td>13. Other Animals</td>
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<tr>
<td>Muntjac deer</td>
<td>12</td>
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<td></td>
<td>12</td>
</tr>
</tbody>
</table>

### ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, testing, surgery, or experimentation were followed by this research facility.

2) Each principal investigator has considered alternatives to painful procedures.

3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and/or Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.

4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

---

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**

(Chief Executive Officer or Legally Responsible Institutional Official)

**SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

**NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

**DATE SIGNED**

11/22/2006

APHIS FORM 7023

(Replaces US FORM 18-23 (OCT 88), which is obsolete.)

NOV 28 2006
This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided in Section 2150.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NO. 46-R-0003
   CUSTOMER NO. 1559
   FORM APPROVED
   OMB NO. 0570-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA
   Include Zip Code)
   DLORAH, INC.
   321 KANSAS CITY STREET
   RAPID CITY, SD 57701
   (605) 394-4889

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional
   sheets if necessary.)

   See Attached Listing

   FACILITY LOCATIONS (states)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

A. Animals Covered By The Animal Welfare Regulations

B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.

C. Number of animals upon which experiments, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.

D. Number of animals upon which experiments, research, surgery, or tests were conducted involving pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.

E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to the report)

F. TOTAL NO. OF ANIMALS

   (Cols. C + D + E)

4. Dogs 17
5. Cats 18
6. Guinea Pigs 16
7. Hamsters 3
8. Rabbits 6
9. Non-Human Primates 0
10. Sheep 0
11. Pigs 1
12. Other Farm Animals
13. Other Animals
   Gerbils 4
   Mice 17
   Rats 11

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL
NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)
DATE SIGNED

APRIL 1993
(AUG 91)

PART 1 - HEADQUARTERS

NOV 3 2006
ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NO. 46-R-0007
CUSTOMER NO. 1738

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)
47825 279TH ST
CANTON, SD 57013
(605) 987-4402

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (attach)

See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023-A)

<table>
<thead>
<tr>
<th>Animals Covered By The Animal Welfare Regulations</th>
<th>Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.</th>
<th>Number of animals upon which teaching, research, experimental, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.</th>
<th>Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetics, analgesics, or tranquilizing drugs were used.</th>
<th>Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetics, analgesics, or tranquilizing drugs were used.</th>
<th>TOTAL NO. OF ANIMALS (Cols. C + D + E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
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<tr>
<td>Cats</td>
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<tr>
<td>Guinea Pigs</td>
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<td>Hamsters</td>
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<td>Rabbits</td>
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<tr>
<td>Non-Human Primates</td>
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<td>Sheep</td>
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<td>Pigs</td>
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<td>Other Animals</td>
<td></td>
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</tbody>
</table>

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional official)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL

DATE SIGNED

APHIS FORM 7023
(Replaces VS FORM 16-23 (Oct 88), which is obsolete)

PART 1 - HEADQUARTERS

OCT - 5 2006
**ANNUAL REPORT OF RESEARCH FACILITY**

**TYPE OR PRINT**

---

### 3. REPORTING FACILITY

(List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

See Attached Listing

---

### FACILITY LOCATIONS (site(s))

---

### REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY

(Attach additional sheets if necessary or use APHIS FORM 7023A)

<table>
<thead>
<tr>
<th>A. Animals Covered By The Animal Welfare Regulations</th>
<th>B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.</th>
<th>C. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.</th>
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<th>F. TOTAL NO. OF ANIMALS (Cols. C + D + E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Dogs</td>
<td></td>
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<tr>
<td>5. Cats</td>
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<tr>
<td>6. Guinea Pigs</td>
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<td>7. Hamsters</td>
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<td>8. Rabbits</td>
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<td>9. Non-Human Primates</td>
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<tr>
<td>10. Sheep</td>
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<tr>
<td>11. Pigs</td>
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<tr>
<td>12. Other Farm Animals</td>
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<tr>
<td>13. Other Animals</td>
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<td><strong>Cattle</strong></td>
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<td>220</td>
<td>343</td>
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</tr>
</tbody>
</table>

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### ASSURANCE STATEMENTS

1. Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

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### CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

---

**SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

**NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)**

**DATE SIGNED**

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**APHIS FORM 7023** (Replaces VS FORM 18-23 (Oct 88), which is obsolete)

**PART 1 - HEADQUARTERS**

---

**AUG 91**
### ANNUAL REPORT OF RESEARCH FACILITY

**TYPE OR PRINT**

#### 3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

VA MED CTR & REGIONAL OFFICE CTR
SIoux falls, SD 57105

#### FACILITY LOCATIONS/sites:

<table>
<thead>
<tr>
<th>1. REGISTRATION NO.</th>
<th>CUSTOMER NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>46-V-0001</td>
<td>1562</td>
</tr>
</tbody>
</table>

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

V A MED CTR - SIOUX FALLS #438
2501 W. 22ND ST.
SIOUX FALLS, SD 57105

### REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY

(Attach additional sheets if necessary or use APHIS FORM 7023A)

<table>
<thead>
<tr>
<th>A. Animals Covered By The Animal Welfare Regulations</th>
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<td>Dogs</td>
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<tr>
<td>Cats</td>
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<tr>
<td>Guinea Pigs</td>
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<tr>
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<td>42</td>
<td>165</td>
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<td>165</td>
</tr>
</tbody>
</table>

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(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

**SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

**NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)**

**DATE SIGNED**

11/29/2006

APHIS FORM 7023

(AUG 91)