Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

MAR 3 1 2008

FORM APPROVED OMB NO. 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

APR 2 8 2008

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 55-A-0109 CUST: 974	04-APR-2008	$700	31MAR08

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Robinson Services Inc

P.O. Box 1057
Mocksville, NC 27028

Telephone: (336)940-2550

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION *(P.O. Box not acceptable)*

158 Kayla Trail
Mocksville, NC 27028
County: Davie

Telephone:

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

KEVIN J. ROBINSON

4. (A) PREVIOUS USDA LICENSE NUMBER (If any)

–

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

[X] Class A - Breeder [ ] Class B - Dealer [ ] Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7.TYPE OF ORGANIZATION

[ ] Individual [X] Corporation [ ] Partnership

[ ] Other (Specify) _____

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. *(Class C Exhibitors go to Block 9)*

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S (Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	
D. DOLLAR AMOUNT ON WHICH FEE IS BASED *(SECTIONS 2.6 AND 2.7)*	

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	[redacted]	NONHUMAN PRIMATES	[redacted]	RODENTS (Do not include lab rats or mice)	[redacted]
CATS	[redacted]	MARINE ANIMALS	[redacted]	WILD/EXOTIC HOOFSTOCK	[redacted]
GUINEA PIGS	[redacted]	FARM ANIMALS	[redacted]	BEARS	[redacted]
HAMSTERS	[redacted]	WILD/EXOTIC CANINES	[redacted]	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	[redacted]
RABBITS	[redacted]	WILD/EXOTIC FELINES	[redacted]	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	[redacted]

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6), (b)(7)c	KEVIN ROBINSON	56-1769743	4/2/08

APHIS FORM 7003

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

MAR 3 0 2007

FORM APPROVED OMB NO. 0579-0036

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U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

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Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 55-A-0109 CUST: 974	04-APR-2007	$760	30 MAR 07

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

Robinson Services Inc
P.O. Box 1057
Mocksville, NC 27028

Telephone: (336)940-2550

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION *(P.O. Box not acceptable)*

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3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

KEVIN ROBINSON

4. (A) PREVIOUS USDA LICENSE NUMBER (If any)

– SAME

(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:

KEVIN J ROBINSON

5. TYPE OF LICENSE

[X] Class A - Breeder [ ] Class B - Dealer [ ] Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2006	31-DEC-2006

7. TYPE OF ORGANIZATION

[ ] Individual [X] Corporation [ ] Partnership
[ ] Other (Specify) _____

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. *(Class C Exhibitors go to Block 9)*

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CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S (Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)
B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	(b)(4)
C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	(b)(4)
D. DOLLAR AMOUNT ON WHICH FEE IS BASED *(SECTIONS 2.6 AND 2.7)*	(b)(4)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	[redacted]	NONHUMAN PRIMATES	[redacted]	RODENTS (Do not include lab rats or mice)	[redacted]
CATS	[redacted]	MARINE ANIMALS	[redacted]	WILD/EXOTIC HOOFSTOCK	[redacted]
GUINEA PIGS	[redacted]	FARM ANIMALS	[redacted]	BEARS	[redacted]
HAMSTERS	[redacted]	WILD/EXOTIC CANINES	[redacted]	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	[redacted]
RABBITS	[redacted]	WILD/EXOTIC FELINES	[redacted]	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	[redacted]

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10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6), (b)(7)c	KEVIN ROBINSON	561769743	3/26/07

APHIS FORM 7003

USDA

United States Department of Agriculture
Animal and Plant Health Inspection Service

FBINKLEY

INSPECTION REPORT

JUL 23 2008

974 cust_id
308360 insp_id
14683 site_id

ROBINSON SERVICES INC

P.O. BOX 1057
MOCKSVILLE, NC 27028

Customer ID: 974
Certificate: 55-A-0109

Site: 001
ROBINSON SERVICES, INC.

Inspection Type: ROUTINE INSPECTION
Date: JUL-17-2008

All items in compliance.

Prepared By: F B
F BINKLEY, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1020
Date: JUL-17-2008

Received By: (b)(6), (b)(7)c
Title:
Date: JUL-17-2008

United States Department of Agriculture
Animal and Plant Health Inspection Service

INSPECTION REPORT

CLISLE
974 cust_id
336026 insp_id
14683 site_id

ROBINSON SERVICES INC

P.O. BOX 1057
MOCKSVILLE, NC 27028

Customer ID: 974
Certificate: 55-A-0109

Site: 001
ROBINSON SERVICES, INC.

Inspection
Type: ROUTINE INSPECTION
Date: JUL-18-2007

No non-compliances noted during this inspection.

Prepared By: CINDY LISLE, A C I, USDA, APHIS, Animal Care
Title: ANIMAL CARE INSPECTOR Inspector ID: 1064
Date: JUL-18-2007

Received By: (b)(6), (b)(7)c
Title: OWNER
Date: JUL-18-2007