

STATE OF KANSAS
KANSAS ANIMAL HEALTH DEPARTMENT

George Teagarden, Livestock Commissioner

708 South Jackson Topeka Kansas 66603-3714

Phone 785/296-2326 Fax 785/296-1765

OFFICIAL QUARANTINE

Date of Quarantine: September 10, 2009

Premise Owner/ caregiver: Mona Lisa Laucomer

Reason for Quarantine: Monkeys entering Kansas without health certificate

Number of monkeys: 2 Snows and 1 Reeses monkeys,

Animal Facilities Inspector: Carman Simon

County: Russell

Premise address: 2499 US Hwy 40
Russell, KS 67665

Area of Quarantine: The outdoor area maintaining 17 various species of monkeys including the 2 Snow monkeys and 1 Reese monkey.

In accordance with the Kansas laws and regulations governing protection of animals, you are hereby notified that the 3 monkeys listed above have entered Kansas from Nebraska without the required official veterinary of inspection form issued by an accredited veterinarian from the State of Destination.

The above described animals shall be maintained, surrounded by cautioned tape, in the premise area and may not be moved in any way from the premises where quarantined, without the permission from the Livestock Commissioner or his authorized representative until the quarantine order is removed.

Quarantine issued at Topeka, Kansas this 10th day of September, 2009, under authority granted by Article 6, Chapter 47, Kansas Statutes Annotated, as amended, and regulations issued thereunder.

If you have any questions regarding this quarantine, please contact Debra Duncan, Director, Animal Facilities Inspection Program, at (785)296-2326.

Sincerely,



George Teagarden
Livestock Commissioner

Please be advised that failure to comply with this quarantine may result in loss of your animals and/or a fine up to \$2,500 (K.S.A. 47-604, 47-624 and 47-646a.)

FEB 16 2011

STATE OF KANSAS
KANSAS ANIMAL HEALTH DEPARTMENT

George Teagarden, Livestock Commissioner

708 SW Jackson Topeka, Kansas 66603-3714

Phone 785/296-2326 FAX 785/296-1765

www.kansas.gov/kahd

FAX COVER SHEET

Date: September 10, 2009

Number of pages including cover sheet: 2

To: Mona Lisa Laucomer

Phone:
Fax phone: 785-445-3281
CC:

From: Teresa Stephens

Phone: (785)296-2326
Fax phone: (785)296-1765

REMARKS: Urgent Reply ASAP Please comment For your information
 As we discussed As you requested Please call me about this

FEB 16 2011

CA-5 (1/2007)

Date 9/1/09 Time 8:10A

STATE OF KANSAS

Routine Initial
 Complaint Re-inspection

PET ANIMAL

PREMISE INSPECTION

(785) 296-2326 / FAX (785) 296-1765

USDA.# _____ Expires _____

AB	RB	PET	P/S) 2941	HK	B/T	RES
----	----	-----	-----------	----	-----	-----

NAME Mona... FACILITY NAME _____
 ADDRESS 2402 US Hwy 40 PHONE (b)(6)
 CITY ... COUNTY ... ZIP 67665 D/H AVAIL _____

ANIMALS BREED: K-9 adults 3 litters _____ # BREED: _____ adults _____ litters _____ #
 ON BREED: ... adults 34 litters _____ # BREED: _____ adults _____ litters _____ #
 HAND BREED: Feline adults 17 litters _____ # BREED: _____ adults _____ litters _____ #
 BREED: _____ adults _____ litters _____ # BREED: _____ adults _____ litters _____ #
 birds _____ reptile/amph _____ sm furry _____ exotic _____ pocket _____ other _____

FACILITIES INDOOR SHELTERED OUTDOOR

1) CONSTRUCTION	<u>CA 3</u>	 *DO NOT USE MUSHROOMS 1 POUNDS M. 	<u>CA 3</u>
2) SURFACES:	<u>Mosk</u>		<u>Mosk</u>
3) SHELTER:	<u>Mosk</u>		<u>Mosk</u>
4) MAINTENANCE:	<u>CA 3</u>		<u>CA 3</u>
5) SANITATION:	<u>CA 3</u>		<u>CA 3</u>
6) DRAINAGE:	<u>Mosk</u>		<u>Mosk</u>
7) SPACING:	<u>↑</u>		<u>↑</u>
8) CLASSIFICATION:	<u>↓</u>		<u>↓</u>
9) SEPARATION:	<u>↓</u>		<u>↓</u>
10) WATER & ELECTRIC:	<u>Mosk</u>		<u>Mosk</u>
11) LIGHT / DARK:	<u>CA 3</u>		<u>CA 3</u>
12) HEATING/COOLING:	<u>Mosk</u>		<u>↓</u>
13) VENTILATION:	<u>↑</u>		<u>Mosk</u>
14) WASTE DISPOSAL:	<u>↓</u>		<u>CA 3</u>
15) FOOD STORAGE:	<u>Mosk</u>		<u>Mosk</u>

HEALTH & HUSBANDRY

16) FEEDING:	<u>Mosk</u>	<u>Mosk</u>
17) WATERING:	<u>Mosk</u>	<u>Mosk</u>
18) CLEANING:	<u>CA 3</u>	<u>CA 3</u>
19) HOUSEKEEPING:	<u>Mosk</u>	<u>Mosk</u>
20) PEST CONTROL:	<u>↑</u>	<u>↑</u>
21) ANIMAL APPEARANCE:	<u>↓</u>	<u>↓</u>
22) EXERCISE:	<u>Mosk</u>	<u>↓</u>
23) *IDENTIFICATION:	<u>Mosk</u>	<u>Mosk</u>
24) *VET CARE PROGRAM:	<u>Ego 2/29/09 CA</u>	VETERINARIAN: <u>John Traversville DVM</u>
25) *EUTHANASIA:	<u>...</u>	26) *SPAY/NEUTER DEPOSIT: _____

RECORDS: _____
 Signature _____ (b)(6)
 ELLS TO: Public - States not claiming
 Inspector Edwin Adams
 PASS FAIL

FEB 16 2011

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES

Initial

Routine

Special

Name & Address of facility

Date: _____

Name: _____

County _____ License No. _____

Address: _____

Code: #1 A&B #2 NFL #3 PET Posted? _____

City: _____ Zip Code _____

#4 P&S #5 R #6 HB

Phone No. _____ Area Code _____

Person Interviewed _____ Position _____

Multiple horizontal lines for handwritten notes or additional information.

CA-4

Inspector's Signature

FEB 16 2011

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES

Initial

Routine

Special

Name & Address of facility

Date: 4/10/09

Name: [Handwritten]

County: [Handwritten] License No. [Handwritten]

Address: [Handwritten]

Code: #1 A&B #2 NFL #3 PET Posted?

City: [Handwritten] Zip Code [Handwritten]

#4 P&S #5 R #6 HB

Phone No. [Handwritten] Area Code [Handwritten]

Person Interviewed [Handwritten] Position [Handwritten]

[Large section of the form with horizontal lines, mostly blank or containing faint handwritten notes.]

CA-4

Inspector's Signature

CA-5 (1/2007)

Date 2/10/11 Time 3:27

STATE OF KANSAS
PET ANIMAL
PREMISE INSPECTION
(785) 296-2326 / FAX (785) 296-1765

[] Routine [] Initial
[] Complaint [X] Re-inspection
[] _____

USDA. # _____ Expires _____

AB RB PET P/S 374 HK 3400 B/T RES

NAME _____ FACILITY NAME _____
ADDRESS _____ PHONE (____) _____ (b)(6)
CITY _____ COUNTY _____ ZIP _____ D/H AVAIL _____

ANIMALS BREED: _____ adults 29 litters # BREED: _____ adults litters #
ON BREED: _____ adults litters # BREED: _____ adults litters #
HAND BREED: _____ adults litters # BREED: _____ adults litters #
BREED: _____ adults litters # BREED: _____ adults litters #
birds reptile/amph sm furry exotic pocket other

FACILITIES	INDOOR	SHELTERED	OUTDOOR
1) CONSTRUCTION			
2) SURFACES:			
3) SHELTER:			
4) MAINTENANCE:			
5) SANITATION:			
6) DRAINAGE:			
7) SPACING:			
8) CLASSIFICATION:			
9) SEPARATION:			
10) WATER & ELECTRIC:			
11) LIGHT / DARK:			
12) HEATING/COOLING:			
13) VENTILATION:			
14) WASTE DISPOSAL:			
15) FOOD STORAGE:			

HEALTH & HUSBANDRY

16) FEEDING: _____
17) WATERING: _____
18) CLEANING: _____
19) HOUSEKEEPING: _____
20) PEST CONTROL: _____
21) ANIMAL APPEARANCE: _____
22) EXERCISE: _____
23) *IDENTIFICATION: _____
24) *VET CARE PROGRAM: 21071 VETERINARIAN: _____
25) *EUTHANASIA: _____ 26)*SPAY/NEUTER DEPOSIT: 1/2

RECORDS: _____ SELLS TO: _____

Signature _____ Inspector _____

[] PASS [X] FAIL

FEB 16 2011

Inspection Date: 3/17/09

Prospective/Lice. # PS 2041

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT
ESTABLISHMENT WORK PROGRESS SHEET

BEST COPY AVAILABLE

Establishment Animal Health Services Type DT

Address: 2000 W. 12th St. County Leavenworth

Item	Non-Compliant to be Completed by
1. All employees - F... health...	6/17/09
2. ...	not to
3. ...	↓
4. ...	↓
5. ...	↓
6. ...	↓
7. ...	↓
8. ...	↓
9. ...	↓
10. ...	↓

Prepared by [Signature]
(Signature)

Owner
Manager
Agent [Signature]
(Signature)

Date 10:30 A Time 1/16/09

STATE OF KANSAS

PET ANIMAL

PREMISE INSPECTION

(785) 296-2326 / FAX (785) 296-1765

Routine

Initial

Complaint

Re-inspection

USDA. # _____ Expires _____

AB	RB	PET	<u>(P/S) 2841</u>	HK	B/T	RES
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NAME Mona Lisa Lawrence FACILITY NAME _____
 ADDRESS 2499 US Hwy PHONE _____ (b)(6)
 CITY Russell COUNTY Russell ZIP 67665 D/H AVAIL _____

ANIMALS BREED: Monkey adults 28 litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 ON BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 HAND BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 birds _____ reptile/amph _____ sm furry _____ exotic _____ pocket _____ other _____

FACILITIES INDOOR SHELTERED OUTDOOR

1) CONSTRUCTION	<u>Meets</u>	COPY NA NA	<u>Not used in winter</u>
2) SURFACES:	<u>Meets</u>		
3) SHELTER:	<u>Meets</u>		
4) MAINTENANCE:	<u>CA3</u>		
5) SANITATION:	<u>Meets</u>		
6) DRAINAGE:	<u>Meets</u>		
7) SPACING:	<u>Meets</u>		
8) CLASSIFICATION:	<u>Meets</u>		
9) SEPARATION:	<u>Meets</u>		
10) WATER & ELECTRIC:	<u>Meets</u>		
11) LIGHT / DARK:	<u>Meets</u>		
12) HEATING/COOLING:	<u>Meets</u>		
13) VENTILATION:	<u>Meets</u>		
14) WASTE DISPOSAL:	<u>Meets</u>		
15) FOOD STORAGE:	<u>Meets</u>		

HEALTH & HUSBANDRY

16) FEEDING:	<u>Meets</u>	
17) WATERING:	<u>Meets</u>	
18) CLEANING:	<u>Meets</u>	
19) HOUSEKEEPING:	<u>Meets</u>	
20) PEST CONTROL:	<u>Meets</u>	
21) ANIMAL APPEARANCE:	<u>Discussed w/ Vet</u>	
22) EXERCISE:	<u>Meets</u>	
23) *IDENTIFICATION:	<u>White Board / Pen #'s</u>	
24) *VET CARE PROGRAM:	<u>8/29/09</u>	VETERINARIAN: <u>Dr. John Thourmel</u>
25) *EUTHANASIA:	<u>by Vet</u>	26) *SPAY/NEUTER DEPOSIT: <u>NA</u>

RECORDS: _____ SELLS TO: Public
 Signature _____ (b)(6) Inspector Erin Adam

PASS FAIL

Date _____ Time _____

**STATE OF KANSAS
PET ANIMAL
PREMISE INSPECTION**
(785) 296-2326 / FAX (785) 296-1765

Routine Initial
 Complaint Re-inspection

USDA. # _____ Expires _____

AB	RB	PET	P/S	HK	B/T	RES
----	----	-----	-----	----	-----	-----

NAME _____ FACILITY NAME _____
ADDRESS _____ PHONE (____) _____
CITY _____ COUNTY _____ ZIP _____ D/H AVAIL _____

ANIMALS	BREED: _____	adults _____	litters _____	# _____	BREED: _____	adults _____	litters _____	# _____
ON	BREED: _____	adults _____	litters _____	# _____	BREED: _____	adults _____	litters _____	# _____
HAND	BREED: _____	adults _____	litters _____	# _____	BREED: _____	adults _____	litters _____	# _____
	BREED: _____	adults _____	litters _____	# _____	BREED: _____	adults _____	litters _____	# _____
	birds _____	reptile/amph _____	sm furry _____	exotic _____	pocket _____	other _____		

FACILITIES	INDOOR	SHELTERED	OUTDOOR
1) CONSTRUCTION			
2) SURFACES:			
3) SHELTER:			
4) MAINTENANCE:			
5) SANITATION:			
6) DRAINAGE:			
7) SPACING:			
8) CLASSIFICATION:			
9) SEPARATION:			
10) WATER & ELECTRIC:			
11) LIGHT / DARK:			
12) HEATING/COOLING:			
13) VENTILATION:			
14) WASTE DISPOSAL:			
15) FOOD STORAGE:			

HEALTH & HUSBANDRY

16) FEEDING:	
17) WATERING:	
18) CLEANING:	
19) HOUSEKEEPING:	
20) PEST CONTROL:	
21) ANIMAL APPEARANCE:	
22) EXERCISE:	
23) *IDENTIFICATION:	
24) *VET CARE PROGRAM:	VETERINARIAN: _____
25) *EUTHANASIA:	26)*SPAY/NEUTER DEPOSIT: _____

RECORDS: _____ SELLS TO: _____

Signature _____ Inspector _____

PASS FAIL

FEB 16 2011

CA-5 (1/2007)

Date 2/15/11 Time 1:15 PM

STATE OF KANSAS
PET ANIMAL
PREMISE INSPECTION
(785) 296-2326 / FAX (785) 296-1765

Routine Initial
 Complaint Re-inspection

USDA. # _____ Expires _____

AB	RB	PET	<u>P/S</u>	HK	B/T	RES
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NAME Mona Jean Lawrence FACILITY NAME _____
 ADDRESS 2774 W 112th St PHONE (b)(6)
 CITY Overland Park COUNTY Johnson ZIP 66205 D/H AVAIL _____

ANIMALS BREED: Beagle adults 30 litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 ON BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 HAND BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 birds _____ reptile/amph _____ sm furry _____ exotic _____ pocket _____ other _____

FACILITIES	INDOOR	SHELTERED	OUTDOOR
1) CONSTRUCTION	<u>Meets</u>	Not Used Winter	Not Used in Winter
2) SURFACES:	<u>Meets</u>		
3) SHELTER:	<u>Meets</u>		
4) MAINTENANCE:	<u>CA3</u>		
5) SANITATION:	<u>Meets</u>		
6) DRAINAGE:	<u>Meets</u>		
7) SPACING:	<u>Meets</u>		
8) CLASSIFICATION:	<u>Meets</u>		
9) SEPARATION:	<u>Meets</u>		
10) WATER & ELECTRIC:	<u>Meets</u>		
11) LIGHT / DARK:	<u>Meets</u>		
12) HEATING/COOLING:	<u>Meets</u>		
13) VENTILATION:	<u>CA3</u>		
14) WASTE DISPOSAL:	<u>Meets</u>		
15) FOOD STORAGE:	<u>Meets</u>		

HEALTH & HUSBANDRY

16) FEEDING: Meets
 17) WATERING: _____
 18) CLEANING: _____
 19) HOUSEKEEPING: _____
 20) PEST CONTROL: _____
 21) ANIMAL APPEARANCE: _____
 22) EXERCISE: Meets
 23) *IDENTIFICATION: Whiteboard / Ken # 3
 24) *VET CARE PROGRAM: Exo 3/29/09 VETERINARIAN: Dr. John Theunissen
 25) *EUTHANASIA: in vet 26) *SPAY/NEUTER DEPOSIT: NA

RECORDS: Meets SELLS TO: Public
 Signature _____ Inspector Edith Johnson

CA-5 (1/2007)

Date 2/2/11 Time 2:00 PM

STATE OF KANSAS
PET ANIMAL
PREMISE INSPECTION

Routine Initial
 Complaint Re-inspection

USDA. # _____ Expires _____

(785) 296-2326 / FAX (785) 296-1765

AB	RB	PET	P/S	HK	B/T	RES
----	----	-----	-----	----	-----	-----

NAME Morgan's house FACILITY NAME (b)(6)
 ADDRESS 3199 US Hwy 40 PHONE (785) 483-7200
 CITY Lawrence COUNTY Lawrence ZIP 66044 D/H AVAIL _____

ANIMALS BREED: Mink adults 19 litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 ON BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 HAND BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
 birds _____ reptile/amph _____ sm furry _____ exotic _____ pocket _____ other _____

FACILITIES

	INDOOR	SHELTERED	OUTDOOR	
1) CONSTRUCTION	<u>Mod</u>	N/A	<u>Mod</u>	
2) SURFACES:	<u>↓</u>			<u>Mod</u>
3) SHELTER:	<u>Mod</u>			<u>CAB</u>
4) MAINTENANCE:	<u>CAB</u>			<u>CAB</u>
5) SANITATION:	<u>Mod</u>			<u>Mod</u>
6) DRAINAGE:	<u>↓</u>			<u>↓</u>
7) SPACING:	<u>↓</u>			<u>↓</u>
8) CLASSIFICATION:	<u>↓</u>			<u>↓</u>
9) SEPARATION:	<u>↓</u>			<u>↓</u>
10) WATER & ELECTRIC:	<u>↓</u>			<u>↓</u>
11) LIGHT / DARK:	<u>↓</u>			<u>↓</u>
12) HEATING/COOLING:	<u>↓</u>			<u>↓</u>
13) VENTILATION:	<u>Mod</u>			<u>Mod</u>
14) WASTE DISPOSAL:	<u>CAB</u>			<u>CAB</u>
15) FOOD STORAGE:	<u>Mod</u>			<u>Mod</u>

HEALTH & HUSBANDRY

16) FEEDING: Mod
 17) WATERING: ↓
 18) CLEANING: ↓
 19) HOUSEKEEPING: ↓
 20) PEST CONTROL: N/A
 21) ANIMAL APPEARANCE: ↓
 22) EXERCISE: Mod
 23) *IDENTIFICATION: Discarded
 24) *VET CARE PROGRAM: 3/99/08 VETERINARIAN: Dr. John Thompson
 25) *EUTHANASIA: Mod 26) *SPAY/NEUTER DEPOSIT: NA

RECORDS: (b)(6) SELLS TO: D. S.
 Signature _____ Inspector G. Jones

Inspection Date: 11/17/10

BEST COPY AVAILABLE

Prospective/Licens HA / A/B

HA / A/B

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT
ESTABLISHMENT WORK PROGRESS SHEET

Establishment Home - Kennel Type 42

Address: 2122 W 43 Hwy 40 Topeka

County Lincoln

Item	Non-Compliant to be Completed by
1) All kennel cages - 3 pens	Sept 7
2) All kennel cages - 3 pens	↓
3) All kennel cages - 3 pens	↓
4) All kennel cages - 3 pens	↓
5) All kennel cages - 3 pens	↓
6) All kennel cages - 3 pens	↓
7) All kennel cages - 3 pens	Oct 28
8) All kennel cages - 3 pens	↓
9) All kennel cages - 3 pens	↓
10) All kennel cages - 3 pens	↓
11) All kennel cages - 3 pens	↓
12) All kennel cages - 3 pens	↓
13) All kennel cages - 3 pens	Sept 7
14) All kennel cages - 3 pens	↓
15) All kennel cages - 3 pens	↓
16) All kennel cages - 3 pens	↓
17) All kennel cages - 3 pens	↓
18) All kennel cages - 3 pens	↓
19) All kennel cages - 3 pens	↓
20) All kennel cages - 3 pens	↓
21) All kennel cages - 3 pens	↓
22) All kennel cages - 3 pens	↓
23) All kennel cages - 3 pens	↓
24) All kennel cages - 3 pens	↓

Prepared by [Signature]
(Signature)

Owner

Manager

Agent

[Signature]
(Signature)

Claine Adams 785-633-3651

CA-5 (1/2007)

BEST COPY AVAILABLE

Date 5/29/08 Time 2 P

STATE OF KANSAS
PET ANIMAL
PREMISE INSPECTION
(785) 296-2326 / FAX (785) 296-1765

Routine Initial
 Complaint Re-inspection

USDA.# _____ Expires _____

AB	RB	PET	P/S	HK	B/T	RES
----	----	-----	-----	----	-----	-----

NAME Mary Ann Bourne FACILITY NAME _____
ADDRESS 7439 US Hwy 270 PHONE (b)(6)
CITY Kennett COUNTY Lincoln ZIP 67054 D/H AVAIL _____

ANIMALS BREED: Scotty adults 9 litters 1 # 1 BREED: _____ adults _____ litters _____ # _____
ON BREED: Scotty adults 1 litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
HAND BREED: Fox adults 1 litters 1 # 1 BREED: _____ adults _____ litters _____ # _____
BREED: _____ adults _____ litters _____ # _____ BREED: _____ adults _____ litters _____ # _____
birds _____ reptile/amph _____ sm furry _____ exotic _____ pocket _____ other _____

FACILITIES	INDOOR	SHELTERED	OUTDOOR	
1) CONSTRUCTION:	NA	NA	<u>Meat</u>	
2) SURFACES:				<u>↑</u>
3) SHELTER:				<u>Two doghouses</u>
4) MAINTENANCE:				<u>Enclosed with</u>
5) SANITATION:				<u>rain water</u>
6) DRAINAGE:				
7) SPACING:				
8) CLASSIFICATION:				
9) SEPARATION:				
10) WATER & ELECTRIC:				
11) LIGHT / DARK:				
12) HEATING/COOLING:				
13) VENTILATION:				
14) WASTE DISPOSAL:				
15) FOOD STORAGE:				<u>Meat</u>

HEALTH & HUSBANDRY

16) FEEDING: _____

17) WATERING: _____

18) CLEANING: _____

19) HOUSEKEEPING: _____

20) PEST CONTROL: _____

21) ANIMAL APPEARANCE: _____

22) EXERCISE: _____

23) *IDENTIFICATION: Collar

24) *VET CARE PROGRAM: 8/29/08 VETERINARIAN: Dr. John Thoursnelle

25) *EUTHANASIA: no vid 26) *SPAY/NEUTER DEPOSIT: NA

RECORDS: _____ SELLS TO: Public
Signature _____ Inspector Claine Adams

PASS FAIL

FEB 16 2011

STATE OF KANSAS

ANIMAL HEALTH DEPARTMENT

INSPECTION OF ANIMAL WELFARE LICENSEES

Initial Routine Special

Name & Address of facility

Date: 8/28/09

Name: [Handwritten Name]

County: [Handwritten County] License No. [Handwritten License No.]

Address: [Handwritten Address]

Code: #1 A&B #2 NFL #3 PET Posted?

City: [Handwritten City] Zip Code [Handwritten Zip Code]

#4 P&S #5 R #6 HB

Phone No. [Handwritten Phone No.] Area Code [Handwritten Area Code]

Person Interviewed [Handwritten Name] Position [Handwritten Position]

[Large section of handwritten notes and signatures on lined paper]

CA-4

Inspector's Signature

FEB 16 2011

State of Kansas
Kansas Animal Health Department

George Teagarden, Livestock Commissioner

708 SW Jackson Topeka, Kansas 66603-3714

Phone (785) 296-2326 Fax (785) 296-1765

www.kansas.gov/kahd

December 29, 2008

Mona Lisa Laucomer
2499 US Hwy
Russell Kansas 67665

PS-2841

Dear Ms. Laucomer:

I have been notified by Animal Facilities Inspector Elaine Adams that you have failed your last two inspections. To maintain your license in good standing you will need to pass your next inspection and continue to pass inspections. This means that you will not only have to correct the items listed on the inspection report dated December 8, 2008, but also keep up your kennel to make sure that your facility meets all minimum state standards on a day to day basis.

Thank you for your prompt attention to this matter. If you have any questions about the items needing correction please call this office or contact your state inspector.

Sincerely,

Debra S. Duncan

Debra S. Duncan, Director
Animal Facilities Inspection Program

DSD:djk

cc: Inspector Elaine Adams

FEB 16 2011

**Kendall D
Lundy/KS/APHIS/USDA**
04/22/2009 03:52 PM

To **Dean W Wonsbeck/CO/APHIS/USDA@USDA**
cc
bcc
Subject **Re: Monalisa Laucomer (# 6567)** 

Hi Dean,
I have not heard back from her, so yes go ahead and cancel the application process.
Thanks,
Kendall Lundy
Animal Care

Dean W Wonsbeck/CO/APHIS/USDA

**Dean W
Wonsbeck/CO/APHIS/USDA**
04/22/2009 04:38 PM

To **Kendall D Lundy/KS/APHIS/USDA@USDA**
cc
Subject **Monalisa Laucomer (# 6567)**

Hi Kendall,

Is it O.K. to cancel the application process for Monalisa Laucomer? It has been more than 3 months since you did pre-license inspection # 1.

Thank you

Dean
(970) 494-7472



United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

INSPECTION REPORT

MONALISA LAUCOMER

Customer ID: 6567
Certificate:

2499 US HWY 40
RUSSELL, KS 67665

Site: 001
MONALISA LAUCOMER

Inspection
Type: 1ST PRE-LICENSE
Date: JAN-16-2009

NARRATIVE

Sec. 3.75 Housing facilities, general. (a) Structure: construction. Housing facilities for nonhuman primates must be designed and constructed so that they are structurally sound for the species of nonhuman primates housed in them. They must be kept in good repair, and they must protect the animals from injury, contain the animals securely, and restrict other animals from entering. The secondary wire is loose from a few of the enclosures with wire points present. These areas shall be repaired so the animals are protected from potential injury. One elevated resting pole has come loose at one end and is hanging loose in that enclosure. This shall be repaired so facility is kept in good repair.

Sec. 3.81 Environment enhancement to promote psychological well-being. Dealers, exhibitors, and research facilities must develop, document, and follow an appropriate plan for environment enhancement adequate to promote the psychological well-being of nonhuman primates. Owner does not have a written environmental enhancement plan. Owner shall develop, document and follow an environmental enhancement plan.

Sec. 3.75 Housing facilities, general. (c) Surfaces--(1) General requirements. The surfaces of housing facilities--including perches, shelves, swings, boxes, houses, dens, and other furniture-type fixtures or objects within the facility--must be constructed in a manner and made of materials that allow them to be readily cleaned and sanitized, or removed or replaced when worn or soiled. The coating on one enclosure is coming off and the metal supports are rusting. This enclosure shall be repaired so the surfaces are capable of being readily cleaned and sanitized.

Owner has two more inspections within 90 days to be in compliance.
Owner shall not engage in any covered activities until USDA licensed.

Prepared By: Kendall Lundy

Date: JAN-16-2009

Title: ACI

Inspector ID: 4015

Received By: MONALISA LAUCOMER

Date: JAN-16-2009

Title: OWNER

(b)(6), (b)(7)(c)

JAN 20 2009

FACILITY: *Laumer*LIC/REG #: *6567*DATE: *16 Jan 09*

ANIMAL TYPE	# INSPECTED
None	
Adult Dog	
Puppy	
Adult Cat	
Kitten	
Guinea Pig	
Hamster	
Rabbit	
Group 1 Nonhuman Primate (Marmoset, Tamarin)	
Group 2 Nonhuman Primate (Capuchin, Squirrel Monkey)	
Group 3 Nonhuman Primate (Macaque, African Species)	
Group 4 Nonhuman Primate (Male Macaque, Large African Species)	<i>29</i>
Group 5 Nonhuman Primate (Baboon)	
Group 6 Nonhuman Primate (Great Ape)	
Group 1 Cetacean (Beluga Whale, Killer Whale, Bottlenose Dolphin)	
Group 2 Cetacean (Common dolphin, White Sided Dolphin)	
Group 1 Pinniped (Fur Seal, Walrus, Harbor Seal, Sea Lion)	
Group 2 Pinniped (Bearded Seal, Ringed Seal, Hooded Seal)	
Polar Bear	
Sea Otter	
Sirenian	
Bear (Other Than Polar Bear)	
Elephant	
Large Wild/Exotic Felid (Lion, Tiger, Leopard, Cheetah, Mountain Lion)	
Small Wild/Exotic Felid (Bobcat, Lynx, Ocelot, Caracal)	
Large Wild/Exotic Canid (Wolf)	
Small Wild/Exotic Canid (Fox, Jackal, Dingo, Coyote)	
Pocket Pet (Hedgehog, Sugar Glider)	
Wild/Exotic Hoofed Animal (Tapir, Rhino, Hippo, Giraffe, Antelope)	
Wild/Exotic Other Animal (Kangaroo, Opossum, Bat, Porcupine, Weasel, Hyena)	
Farm Animal	
Total # of animals	<i>29</i>

JAN 20 2009



COPY

RE: APPLICATION TERMINATION

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Animal Care
Western Region

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970-494-7478
Fax: 970/494-7461

April 23, 2009

Customer ID Number: 6567

Monalisa Laucomer
2499 U.S. Hwy 40
Russell, KS 67665

Dear Applicant:

We have terminated your application for a Animal Welfare Act (AWA) license or registration for the reason(s) listed below:

- 1. Your current activities are exempt from regulations.
- 2. At your request, we did not perform the required pre-licensing inspection.
- 3. We did not receive your licensing fees/completed APHIS Form 7003A by the assigned deadline.
- 4. Our inspector was unable to contact you to arrange for the required pre-licensing inspection.
- 5. After one or more noncompliant inspections, you requested that we cancel your application.
- 6. Your facility failed to come into compliance after three pre-licensing inspections.
- 7. The licensing process was not completed within the prescribed 90-day time frame.
- 8. NSF Non Sufficient Funds.

If your application was terminated for the reasons indicated in Items 1 through 4, you may submit a new application at any time. However, if Items 5 through 7 are checked, you may not reapply for a period of 6 months from the date of your last inspection. After the 6-month period has passed, you may then reapply for licensure. If you do not wish to wait for the required period, you may request a hearing in accordance with the U.S. Department of Agriculture's Rules of Practice -- available upon request -- to show why your application for a license should not be denied. If you desire such a hearing, you must notify us in writing by certified mail within 20 days of receipt of this letter. Please be advised that, if you engage in activities covered under the AWA without being licensed or registered, you will be cited for violating the Act.

We hope this information is helpful, and we look forward to hearing from you. Contact this office at (970) 494-7478 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens, D V M
Regional Director -- Animal Care
Western Region

cc: Kendall D Lundy, A.C.I.





COPY

December 16, 2008

United States
Department of
Agriculture

VMO/ACI: Kendall D. Lundy, A.C.I.

The following individual has submitted his/her application and application fee. He/she is ready for a pre-licensing inspection:

Animal and Plant
Health Inspection
Service

Customer No.: 6567

Animal Care
Western Region

Monalisa Laucomer
2499 U.S. Hwy 40
Russell, KS 67665

Phone: 785-787-2158

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970-494-7478

Accordingly, please contact him/her within the next 10 days to schedule a pre-licensing inspection.

Please be advised that the applicant's Program of Veterinary Care (PVC) must also be reviewed during the pre-licensing inspection. The facility cannot be considered in compliance without an acceptable PVC. When applicable, the exercise plan and environment enhancement plans should also be reviewed.

When inspecting an applicant for an exhibitors license, verify that the correct number of covered animals are on the application form. In addition please indicate the total number of covered animals on the Inspection Report. If you discover an error on any application form, don't make changes on the form, but have the applicant complete and sign a new form. When doing so, be sure to transfer the applicants' customer number in the upper right hand corner of the application. When the facility is in compliance, please ensure a license fee of \$ 30.00 is submitted.

The application is enclosed. Please report your findings to us on an Inspection Report as soon as possible after completion of the pre-licensing inspection. Thank you in advance for your cooperation.

Contact this office at 970-494-7472 if you have any questions regarding this letter.

Sincerely,

Robert M. Gibbens, D V M
Regional Director - Animal Care
Western Region

Enclosures



Safeguarding American Agriculture
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COPY

United States
Department of
Agriculture

Monalisa Laucomer
2499 U.S. Hwy 40
Russell, KS 67665

December 16, 2008

Customer No: 6567

RE: AWA LICENSE APPLICATION

Animal and Plant
Health Inspection
Service

Dear Applicant:

Animal Care
Western Region

We recently received and processed your application for a USDA license under the Animal Welfare Act (AWA). The USDA inspector for your area will be contacting you soon to conduct a pre-licensing inspection of your facility. As we mentioned in our earlier correspondence to you, we will issue you a license to conduct AWA regulated activities when you have completed the licensing process by passing a pre-licensing inspection and fulfilling all other applicable requirements.

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970-494-7478

We hope this information is helpful, and we look forward to hearing from you. Contact this office at 970-494-7472 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens, D V M
Regional Director - Animal Care
Western Region

cc: Kendall D. Lundy, A.C.I.

NOT A FOIA DELETION



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APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer

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.

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.

0567

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

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:

WE-9-0011 DW
etc 3359 10.00

USDA-APHIS-Animal Care
2150 Centre Ave, Building B
Mail Stop # 3W11
Fort Collins, CO 80526-8117

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
		10.00	19 Dec 08

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

monalisa laucomer
2499 US Hwy 40
Russell, KS 67665
COUNTY: Russell TELEPHONE: 785 787 2158

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

monalisa laucomer
2499 US Hwy 40
Russell, KS 67665
COUNTY: Russell TELEPHONE: 785 787 2158

1. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Arizona

PREVIOUS LICENSE NO.: B 0052

5. TYPE OF LICENSE

- A - Dealer (Breeder) Dealer C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

- A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru Zoo K - Pet Store L - Broker

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

NA

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	09	12	31	08

8. TYPE OF ORGANIZATION

- Partnership Corporation Individual
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
monalisa laucomer Owner	2499 US Hwy 40 Russell, KS 67665

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater.)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

CERTIFICATION

DEC 15 2008

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 agree to comply with all the regulations and standards in 9 CFR, Subpart A,

12. (b)(6)	13. NAME AND TITLE (Type or Print) monalisa laucomer	14. DATE 12 08 - 08
------------	---	------------------------

**Kendall D
Lundy/KS/APHIS/USDA**
12/12/2008 01:28 PM

To Dean W Wonsbeck/CO/APHIS/USDA@USDA
cc
bcc

Subject Laucomer Application

Hi Dean,

I am sending you a new application and \$10 fee for Monalisa Laucomer in Russell, KS. She applied a while back but her application was returned to her for correction. She could not find that application so I had her complete a new one. I am mailing it today.

Thanks,

Kendall Lundy
Animal Care



COPY

05-Sep-08

CERTIFIED MAIL
RETURN RECEIPT
7008 0150 0003 3066 4793

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Animal Care
Western Region

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970/494-7478
Fax: 970/494-7461

MONALISA LAUCOMER
2499 U.S. HWY 40
Russell, KS 67665

Customer ID: 6567

Dear Ms. LAUCOMER:

We recently received your check and application for a License under the Animal Welfare Act (AWA). However, we are unable to process it for the reason(s) indicated below. Please return the corrected application to our office.

_____ Please complete and submit original form APHIS Form 7003.

_____ Please send \$10.00 application fee.

_____ Please send \$_____ fee required under Block _____ of form.

XX Please return the corrected form along with the payment of \$10.00.

_____ Please correct/complete the enclosed Credit Card Authorization form.

_____ Please provide an original signature.

XX We have returned your check # 3309 in the amount of \$10.00, which was received on 02-Sep-08 because the application is not correct. Please see enclosed instructions and new application.

PLEASE CORRECT THE FOLLOWING BLOCKS ON THE FORM:

_____ Block 1

_____ Block 2

_____ Block 3

_____ Block 4

_____ Block 5

_____ Block 6

(12-month period)

_____ Block 7

_____ Block 8

_____ Block 9

_____ Federal Tax ID (green sheet)

XX Block 10

_____ Block 11

_____ Block 13

_____ Block 14

If you have any questions regarding this letter or the Animal Welfare Act, please feel free to contact this office at (970) 494-7472.

Sincerely,

Robert M. Gibbens, DVM
Director
Western Region, Animal Care

cc: Kendall Lundy, A.C.I.

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, reviewing and completing 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.

FORM APPROVED OMB NO. 0578-0038

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

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:

USDA-APHIS-Animal Care
2150 Centre Ave, Building B
Mail Stop # 3W11
Fort Collins, CO 80528-8117

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
 Monalisa Laucomer
 2499 US Hwy 40
 Russell KS 67665
 COUNTY: Russell TELEPHONE 785 483-2700

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)
 2499 us Hwy 40 Russell KS
 785-7872153
 COUNTY: Russell TELEPHONE 785 483 2700

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS
 American Primate Exchange
 1703 S. 65th Avenue AZ 85339
 PREVIOUS LICENSE NO.: 86 BOOS 2

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST
 N/A

5. TYPE OF LICENSE
 A - Dealer (Breeder) B - Dealer C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

<input type="checkbox"/> A - Zoo	<input type="checkbox"/> B - Aquariums	<input type="checkbox"/> C - Auction
<input type="checkbox"/> D - Breeder	<input type="checkbox"/> E - Pets	<input type="checkbox"/> F - Roadside Zoo
<input type="checkbox"/> G - Circus	<input type="checkbox"/> H - Animal Acts	<input type="checkbox"/> I - Carnival
<input type="checkbox"/> J - Drive thru Zoo	<input type="checkbox"/> K - Pet Store	<input checked="" type="checkbox"/> L - Broker

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	08	03	10	08

8. TYPE OF ORGANIZATION
 Partnership Corporation Individual
 Other (Specify) _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Monalisa Laucomer	2499 us Hwy 40 Russell KS 67665

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater.)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUNEA PIGS	MARINE MAMMALS
HAMSTERS	WLD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

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 agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 4. I certify that I am over 18 years of age.

(b)(6)	13. NAME AND TITLE (Type or Print) Monalisa Laucomer	14. DATE 8-28-08
--------	---	---------------------

Capt # 6567
 Correction Ltr.
 05-Sep-08

7008 0150 0003 3066 4793

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No insurance coverage provided.

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage: 6567		
Sent To	MONALISA LAUCOMER	
Street, Apt. No., or PO Box No.	2499 U.S. HWY 40	
City, State, ZIP	RUSSELL, KS 67665	

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mail piece, or on the front if space permits.

1. Article addressed to:

6567
 MONALISA LAUCOMER
 2499 U.S. HWY 40
 RUSSELL, KS 67665

2. Article Number
 (Transfer from service label) 7008 0150 0003 3066 4793

3. Service type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 SEP 17 2008 67665

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540



COPY

Monalisa Laucomer
American Primate Exchange
2499 U.S. Hwy 40
Russell, KS 67665

July 14, 2005
Customer No: 6567
RE: USDA LICENSE INFORMATION

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Animal Care
Western Region

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970/494-7478
Fax: 970/494-7461

Dear Applicant:

Thank you for your interest in obtaining a license from the U.S. Department of Agriculture (USDA) to conduct activities regulated under the Animal Welfare Act (AWA). As you requested, we have enclosed the appropriate information and forms, including copies of the AWA regulations and standards. As you will note, the different classes for licensing are outlined on Page 19 of the AWA regulations (9CFR, Part 1, Section 1.1). If your operation meets the definition of a Class A, B, or C license, please complete the enclosed application (APHIS Form 7003A) and return it to the above address, along with a \$10 check, money order or credit card authorization in payment of the non-refundable application fee. We cannot accept cash payments.

In addition, you must have your veterinarian complete and sign the enclosed program of veterinary care (PVC) form; you must also sign this form. Keep the completed PVC with your facility records, which will be reviewed by your USDA Inspector. Please do not send the completed PVC form to this office.

One of our field inspectors will contact you to schedule a pre-licensing inspection of your facility following receipt of your application and the \$10.00 fee. Once your facility and records are in compliance with all AWA regulations and standards, you will be asked to pay an annual license fee. We will issue a license after all the necessary documentation and inspections have been completed and the necessary fees paid.

The licensing process must be completed within 90 days after your initial pre-license inspection. If, after the initial inspection, your facility is not in compliance with the AWA regulations and standards, you will be allowed two additional inspections within the 90-day period. If your facility is still not in compliance by the 3rd inspection or the 90-day period has elapsed, your application will be denied and you must wait 6 months before reapplying.

We hope this information is helpful, and we look forward to hearing from you. Contact this office at 970-494-7472 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region

cc: Kendall D. Lundy, ACI
~~cc: [Redacted]~~

Enclosures

NOT A FOIA DELETION



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86-19-0072
REQUEST FOR NEW LICENSE/REGISTRATION APP KIT AND REQUEST FOR FORMS

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Animal Care
Western Region

2150 Centre Ave.
Building B
Mail Stop # 3W11
Ft. Collins, CO 80526
Phone: 970/494-7478
Fax: 970/494-7461

PREVIOUS LICENSE/CUSTOMER NUMBER: _____

CUSTOMER NUMBER: 6567 CURRENT LICENSE: _____

NAME: Monique Lisa Lancon PHONE: (b)(6)

MAILING ADDRESS: 2499 US Hwy 40

CITY: Russell STATE: KS ZIP: 67665-9021

COUNTY: Russell

PHYSICAL ADDRESS - LOCATION OF ANIMALS: Same

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

TYPE OF ANIMALS: Monkey's - exhibitor

LICENSE CLASS (circle one): A (breeder) B(broker) C(exhibitor) R(research)
H(intermediate handler) T(carrier or transport)

QUANTITY FORM #

TITLE & DESCRIPTION

NOTE: 7002 only necessary if change vets, move, and/or protocols.

- _____ 7002 Program of Veterinary Care (PVC) - one per licensee
- _____ 7005 Record of Dogs & Cats on Hand - 100/pkg
- _____ 7006 Record of Disposition of Dogs & cats - 100/pkg
- _____ 7006A Continuation Sheet (Disposition of Dogs/Cat) - 100/pkg
- _____ 7019 Record of Animals on Hand (other than dogs/cats) -100/pkg
- _____ 7020 Record of Disposition of Animals (other than dogs/cats) - 50/pkg
- _____ 7020A Continuation Sheet (Record of Disposition of Animals other than dogs/cats) - 50/pkg
- _____ Other, specify: _____

RECEIVED BY: DW DATE: 12-Jul-05

FILLED BY: DW DATE: 14-Jul-05



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

Monalisa Laucomer
American Primate Exchange
7203 S. 65 Dr.
Laveen, AZ 85339

November 1, 2001
Customer No: 6567
RE: APPLICATION TERMINATION

Dear Applicant:

We have terminated your application for a Animal Welfare Act (AWA) license or registration for the reason(s) listed below:

1. Your current activities are exempt from regulations.
2. At your request, we did not perform the required pre-licensing inspection.
3. We did not receive your licensing fees/completed APHIS Form 7003A by the assigned deadline.
4. Our inspector was unable to contact you to arrange for the required pre-licensing inspection.
5. After one or more noncompliant inspections, you requested that we cancel your application.
6. Your facility failed to come into compliance after three pre-licensing inspections.
7. The licensing process was not completed within the prescribed 90-day time frame.

If your application was terminated for the reasons indicated in Items 1 through 4, you may submit a new application at any time. However, if Items 5 through 7 are checked, you may not reapply for a period of 6 months from the date of your last inspection. After the 6-month period has passed, you may then reapply for licensure. If you do not wish to wait for the required period, you may request a hearing in accordance with the U.S. Department of Agriculture's Rules of Practice -- available upon request -- to show why your application for a license should not be denied. If you desire such a hearing, you must notify us in writing by certified mail within 20 days of receipt of this letter. Please be advised that, if you engage in activities covered under the AWA without being licensed or registered, you will be cited for violating the Act.

We hope this information is helpful, and we look forward to hearing from you. Contact this office at 916-857-6205 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region



INSPECTION REPORT

**MONALISA LAUCOMER
AMERICAN PRIMATE EXCHANGE**

**Customer ID: 6567
Certificate: 86-B-0052**

**7203 S. 65 DR.
LAVEEN, AZ 85339**

Site: 001

**Inspection
Type: PRELICENSE INSPECTION #1
Date: JUN-22-2001**

2.40 (a) (1)

ATTENDING VETERINARIAN AND ADEQUATE VETERINARY CARE (DEALERS AND EXHIBITORS).

Written Program of Veterinary Care

Each dealer shall employ the services of an attending veterinarian, (a-v). In the case of a part-time a-v formal arrangements for veterinary care shall include a written program with regularly scheduled visits to the premises by the a-v. At the time of this first pre-license inspection the written program had not been completed by a veterinarian. The applicant shall have a veterinarian complete the APHIS FORM 7002 Written Program of Veterinary Care then contact this inspector for review of the program.

3.80 (a) (2) (i)

PRIMARY ENCLOSURES.

Primary Enclosures

All of the primary enclosures housing non-human primates shall have no sharp points or edges that could potentially cause injury to the non-human primates. Most of the enclosures holding nhp at this facility had what is commonly called chicken wire attached to chain-link fence panels that makeup the enclosures. Along the cut edges of the chicken wire were exposed ends of thin wire that could cause injury to the animals contained within the enclosures. Portions of the wire had been repaired at the time of this pre-license inspection.

3.84 (a)

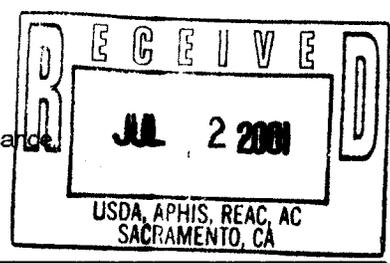
CLEANING, SANITIZATION, HOUSEKEEPING, AND PEST CONTROL.

Cleaning

Excreta and food wastes shall be cleaned from primary enclosures daily. At the time of this first pre-license inspection daily cleaning had not yet commenced. There was fecal material and food waste was noticed within many of the enclosures, food waste was also seen in the service isles of the enclosure area.

Note: This applicant has until 9/22/01 or two more pre-licensing inspections to be in full compliance.
Accompanied by: Ms. Monalisa Loucomer

END OF REPORT



Prepared By: Warren Striplin
WARREN STRIPLIN, USDA, APHIS, Animal Care

Date:
JUN-22-2001

Title: ANIMAL CARE INSPECTOR, Inspector ID: 5015

Received By: _____
CERTIFIED MAIL #7000 0520 0020 8572 7931

Date:
JUN-26-2001

Title:

86-B-0032
 Jun 22, 2001
 Pre license #1

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

7931 2572 8572 0200 0250 0000

LAUREN, AZ 85339

Postage	\$ 0.34	UNIT 10-1000 PHOENIX, AZ 85001 Postmark JUN 20 2001 Clerk: KMS76 06/26/01 USPS
Certified Fee	1.90	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 3.74	

Recipient's Name (Please Print Clearly) (To be completed by mailer)
MONALISA LAULOMER
 Street, Apt. No.; or PO Box No.
7203 S. 65th DR
 City, State, ZIP+4
LAUREN, AZ 85339

PS Form 3800, February 2000 See Reverse for Instructions

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
MONALISA LAULOMER
7203 S. 65th DR
LAUREN, AZ 85339

2. Article Number (Copy from service label)
7000 0620 8572 78311

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery

(b)(6) 6/22/01

#667 1002
 JUN 92
 9/1 Wd 9/17 2000

PS Form 3800 July 1999 Domestic Return Receipt 102595-00-M-0952

Public reporting burden for this collection of information is estimated to average 2.5 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.

USDA + D 656 /
FORM APPROVED OMB NO. 0579-0036

9-11-00

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

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

APPLICATION FOR LICENSE

(TYPE OR PRINT)

SEND THE COMPLETED FORM TO:

USDA, APHIS, ANIMAL CARE
9580 MICRON AVENUE, SUITE J
SACRAMENTO, CA 95827-2623

\$10 rec'd 3 April

NEW LICENSE

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
 Monalisa Laucomer
 7203 S. 65 Dr.
 Laveen AZ 85339
 COUNTY: MARICOPA TELEPHONE 602 2374918

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)
 American Primate Exchange
 American Primate Shelter
 7203 S. 65 Dr Laveen AZ
 COUNTY: Maricopa TELEPHONE 602 2374918

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS
 Monalisa Laucomer
 7203 S 65 Dr Laveen
 85339
 PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST
 —

5. TYPE OF LICENSE
 A - Dealer (Breeder) B - Dealer C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

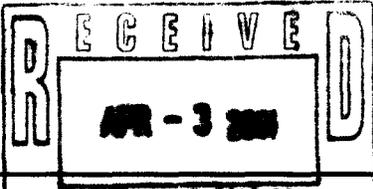
A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru Zoo K - Pet Store L - Broker

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	99	02	31	99

8. TYPE OF ORGANIZATION
 Partnership Corporation Individual
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Monalisa Laucomer owner	7203 S. 65 Dr Laveen AZ 85339



TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	RECEIVED FEB 20 2001 USDA, APHIS, REAC, AC SACRAMENTO, CA
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater.)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

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 agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am at least 18 years of age.

(b)(6)

13. NAME AND TITLE (Type or Print)	14. DATE
Monalisa Laucomer	2-14-01

April 4, 2001

VMO/ACI: Warren A. Striplin

The following individual has submitted his/her application and application fee. He/she is ready for a pre-licensing inspection:

Customer No.: 6567

Monalisa Laucomer
American Primate Exchange
7203 S. 65 Dr.
Laveen, AZ 85339

Phone:602-237-491

Accordingly, please contact him/her within the next 10 days to schedule a pre-licensing inspection.

Please be advised that the applicant's Program of Veterinary Care (PVC) must also be reviewed during the pre-licensing inspection. The facility cannot be considered in compliance without an acceptable PVC. When applicable, the exercise plan and environment enhancement plans should also be reviewed.

When inspecting an applicant for an exhibitors license, verify that the correct number of covered animals are on the application form. In addition please indicate the total number of covered animals on the Inspection Report. If you discover an error on any application form, don't make changes on the form, but have the applicant complete and sign a new form. When doing so, be sure to transfer the applicants' customer number in the upper right hand corner of the application. When the facility is in compliance, please ensure a license fee of \$ _____ is submitted.

The application is enclosed. Please report your findings to us on an Inspection Report as soon as possible after completion of the pre-licensing inspection. Thank you in advance for your cooperation.

Contact this office at 916-857-6205 if you have any questions regarding this letter.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region

Enclosure

Monalisa Laucomer
American Primate Exchange
7203 S. 65 Dr.
Laveen, AZ 85339

April 4, 2001
Customer No: 6567
RE: AWA LICENSE APPLICATION

Dear Applicant:

We recently received and processed your application for a USDA license under the Animal Welfare Act (AWA). The USDA inspector for your area will be contacting you soon to conduct a pre-licensing inspection of your facility. As we mentioned in our earlier correspondence to you, we will issue you a license to conduct AWA regulated activities when you have completed the licensing process by passing a pre-licensing inspection and fulfilling all other applicable requirements.

We hope this information is helpful, and we look forward to hearing from you. Contact this office at 916-857-6205 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region

cc: Warren A. Striplin

February 28, 2001

Monalisa Laucomer
American Primate Exchange
7203 S. 65 Dr.
Laveen, AZ 85339

Cust. ID: 6567
RE: RETURNED APPLICATION
CERTIFIED MAIL RETURN RECEIPT

Dear Ms. Laucomer:

We have received your APHIS Form 7003-A, Application for License (New License) and \$40.00 licensing fee. However, we cannot process your application because it is not complete and your application fee for \$10.00 was not submitted. Please complete the following items:

Item #1 - Listing your telephone number

Item 10 - "B" Dealer Applicant:

Please enter estimates for the anticipated number of animals you will purchase and sell during the upcoming business year, and enter an estimate for the anticipated gross income (total amount of income received) derived from those sales. The "dollar amount on which fee is based" should also be entered and is the gross income figure minus the amount paid for the animals.

Submit the completed application to this office with the \$10.00 application fee. When we receive your \$10.00 application fee and your completed application, your inspector will contact you to set up a pre-license inspection. After the successful completion of your pre-license inspection, the licensing fee will be requested.

We are returning your check #1129 for \$40.00 because we cannot hold fees.

We appreciate your cooperation in complying with the Animal Welfare Act. Contact this office at 916-857-6205 or 916-857-6206 if you have any questions regarding this letter.

Sincerely,

Robert M. Gibbens, DVM
Director
Western Region, Animal Care

Enclosures: 7003-A Application for New License & Check #1129 for \$40.00

cc: Warren Striplin, VMO

USDA:APHIS:AC:RMG:VWK:emc:022801

Returned chkr
2-2001

Domestic Mail Only
No Insurance Coverage Provided
PS Form 3811, July 1999

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

7000 1670 0007 7465 9816

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

6567
MONALISA LAUCOMER
7203 S. 65 DR.
LAVEEN, AZ 85339

COMPLETE THE FOLLOWING DETAILS

(b)(6)

Date of Delivery
3/03/01

Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 1670 0007 7465 9816 || ||

9-11-00

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)

NEW LICENSE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:

USDA, APHIS, ANIMAL CARE
9580 MICRON AVENUE, SUITE J
SACRAMENTO, CA 95827-2623

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED

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

Monalisa Laucomer
7203 S. 65 Dr.
Laveen AZ 85339
COUNTY: TELEPHONE ()

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

American Primate Exchange
American Primate Shelter
7203 S. 65 Dr Laveen AZ
COUNTY: Maricopa TELEPHONE 602.237.4918

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Monalisa Laucomer
7203 S 65 Dr Laveen
85339
PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

—

5. TYPE OF LICENSE

A - Dealer (Breeder) B - Dealer C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	99	02	31	99

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

A - Zoo B - Aquariums C - Auction
 D - Breeder E - Pets F - Roadside Zoo
 G - Circus H - Animal Acts I - Carnival
 J - Drive thru Zoo K - Pet Store L - Broker

8. TYPE OF ORGANIZATION

Partnership Corporation Individual
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Monalisa Laucomer owner	7203 S. 65 Dr Laveen AZ 85339

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(6)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	(b)(6)
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	(b)(6)
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	(b)(6)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater.)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

CERTIFICATION

I hereby certify that the information provided herein is true and I agree to comply with all the regulations and standards in 9 CFR, Subpart A, 7 U.S.C. 2131 et seq.

12. (b)(6)	13. NAME AND TITLE (Type or Print) Monalisa Laucomer	14. DATE 7-14-01
------------	--	---------------------

Monalisa Laucomer
American Primate Exchange
7203 S. 65 Dr.
Laveen, AZ 85339

September 11, 2000
Customer No: 6567
RE: APPLICATION INFORMATION
CERTIFIED MAIL-RETURN RECEIPT

Dear Sir/Madam:

As authorized by the Animal Welfare Act (AWA), the U.S. Department of Agriculture's Animal Plant Health Inspection Service (APHIS) is responsible for regulating the care and treatment of certain animals dealt with in transport, research, exhibition, or sold at the wholesale level. In carrying out this responsibility, APHIS requires that persons who engage in such activities be licensed or registered; the Agency also conducts inspections of facilities and records to ensure that regulated entities comply with the AWA standards and regulations.

It has come to our attention that you may be conducting activities that would require you to be licensed or registered with us. Accordingly, we are enclosing a packet of AWA related information, including copies of the AWA regulations and standards and other materials. Please review this information to determine if your operation meets the definition of a dealer, exhibitor, research facility, carrier or intermediate handler.

We hope this information is helpful, and we look forward to hearing from you. Contact this office at 916-857-6205 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region

cc: Warren A. Striplin
Enclosure

Monalisa Laucomer
American Primate Exchange
7203 S. 65 Dr.
Laveen, AZ 85339

September 11, 2000
Customer No: 6567
RE: APPLICATION INFORMATION
CERTIFIED MAIL-RETURN RECEIPT

Dear Sir/Madam:

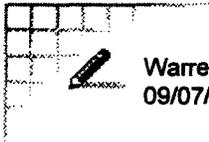
As authorized by the Animal Welfare Act (AWA), the U.S. Department of Agriculture's Animal Plant Health Inspection Service (APHIS) is responsible for regulating the care and treatment of certain animals dealt with in transport, research, exhibition, or sold at the wholesale level. In carrying out this responsibility, APHIS requires that persons who engage in such activities be licensed or registered; the Agency also conducts inspections of facilities and records to ensure that regulated entities comply with the AWA standards and regulations.

It has come to our attention that you may be conducting activities that would require you to be licensed or registered with us. Accordingly, we are enclosing a packet of AWA related information, including copies of the AWA regulations and standards and other materials. Please review this information to determine if your operation meets the definition of a dealer, exhibitor, research facility, carrier or intermediate handler. We hope this information is helpful, and we look forward to hearing from you. Contact this office at 916-857-6205 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert M. Gibbens
Regional Director - Animal Care
Western Region

cc: Warren A. Striplin
Enclosure



Warren A Striplin
09/07/2000 12:05 PM

*Cust ID
6567*

To: Evelyn M Sieren/CA/APHIS/USDA@USDA
cc:
Subject: PLR Package, "B" dealer

Please send the above package to Monalisa Laucomer at 7203 South 65th Drive, Laveen, AZ 85339. Her phone number remains the same at (602) 237-4918 for both home and business. Her old license number was 86-B-0052 if you need it. Thanks again.

Warren