

Date:12/20/2013 3:26:59

**SECTION 1 TYPE OF REGISTRATION**

1a. FOREIGN REGISTRATION

1b. INITIAL REGISTRATION: 18381381588

PIN NUMBER:04j8x24b

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY?  Yes  No

1c. PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

**SECTION 2 FACILITY NAME / ADDRESS INFORMATION**

FACILITY NAME: Bogoshinyak Co., Ltd.

FACILITY NAME SUFFIX: Manufacturing

FACILITY NAME SUFFIX OTHER:

FACILITY STREET ADDRESS, Line1: 106, Wonbuk1-gil, Seongdong-myeon

FACILITY STREET ADDRESS, Line2:

CITY: Nonsan-si

STATE/PROVINCE/TERRITORY: Chungcheongnamdo

ZIP CODE (POSTAL CODE): 320-944

COUNTRY/AREA: KOREA, REPUBLIC OF

PHONE NUMBER (Include Area/Country Code): 082 41 7333991

FAX NUMBER (Optional; Include Area/Country Code): 082 41 7343990

E-MAIL ADDRESS:

**SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional)**

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

If information is the same as section 2, check the box: 

NAME:

ADDRESS, Line1:

ADDRESS, Line2:

CITY:

STATE/PROVINCE/TERRITORY:

ZIP CODE (POSTAL CODE):

COUNTRY/AREA:

PHONE NUMBER (Include Area/Country Code):

FAX NUMBER (Optional; Include Area/Country Code):

E-MAIL ADDRESS (Optional):

**SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION AND TRADE NAMES**

(If applicable and If different from sections 2 and 3). If information is the same as another section, check which section:

 Section 2 - Facility Address Information None of the above

NAME OF PARENT COMPANY: Bogoshinyak Co., Ltd.

PARENT COMPANY SUFFIX: Manufacturing

PARENT COMPANY SUFFIX OTHER:

STREET ADDRESS OF PARENT COMPANY, Line 1: 106, Wonbuk1-gil, Seongdong-myeon

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: Nonsan-si

STATE/PROVINCE/TERRITORY: Chungcheongnamdo

ZIP CODE (POSTAL CODE): 320-944

COUNTRY/AREA: KOREA, REPUBLIC OF

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 082 41 7333991

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code): 082 41 7343990

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional):

(If this facility uses trade names other than that listed in section 2 above, list them below (E.G., "also doing business as," "facility also known as")):

ALTERNATE TRADE NAME #1:

**SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION**

INDIVIDUAL'S TITLE (Optional):

INDIVIDUAL'S TITLE OTHER:

INDIVIDUAL'S NAME (Optional):

INDIVIDUAL'S MIDDLE NAME (Optional):  
 INDIVIDUAL'S LAST NAME (Optional):  
 TITLE (Optional):  
 EMERGENCY CONTACT PHONE (Include Area/Country Code): 082 41 7333991  
 E-MAIL ADDRESS (Optional):

**SECTION 6 TRADE NAMES**

In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name / Address Information).

**SECTION 7 UNITED STATES AGENT**

(To be completed by facilities located outside any state or territory of the United States, District Of Columbia, or The Commonwealth of Puerto Rico)

NAME OF U.S. AGENT: Jason Cho  
 ADDRESS, Line 1: 18641 Saticoy St Apt 77  
 ADDRESS, Line 2:  
 CITY: Reseda STATE: California  
 ZIP CODE (POSTAL CODE): 91335 -7426 COUNTRY/AREA: UNITED STATES  
 PHONE NUMBER (Include Area/Country Code): 213 2723917  
 EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 213 2723917  
 FAX NUMBER (Optional; Include Area Code):  
 EMAIL ADDRESS: jasoncho1220@gmail.com

**SECTION 8 SEASONAL FACILITY DATES OF OPERATION (Optional)**

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.  
 DATES OF OPERATION:  
**For Harvest 1**  
 Start Month: End Month:  
**For Harvest 2**  
 Start Month: End Month:

**SECTION 9 TYPE OF STORAGE (FOR FACILITIES THAT ARE PRIMARILY HOLDERS) (OPTIONAL)**

Ambient (neither frozen nor refrigerated) Storage  
 Refrigerated Storage  
 Frozen Storage

**SECTION 10 GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL/BOTH**

Food for Human Consumption  Food for Animal Consumption

**SECTION 10a GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)**

To be completed by all food facilities. Please see instructions for further examples.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY ( Optional ) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Molluscan Shellfish Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)
<input checked="" type="checkbox"/> 1. ACIDIFIED FOODS (AF) [21 CFR 114.3(b)]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 23. LOW ACID CANNED FOOD (LACF) PRODUCT [21 CFR 113.3(n)]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 34. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 11 OWNER, OPERATOR, OR AGENT-IN-CHARGE INFORMATION**

Provide the following information, If different from all other sections on the form. If information is the same as another section of the form, Check which section:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Kyung Soo, Nam  
 STREET ADDRESS, Line 1: 106, Wonbuk1-gil, Seongdong-myeon  
 STREET ADDRESS, Line 2:

CITY: Nonsan-si	STATE/PROVINCE/TERRITORY: Chungcheongnamdo
ZIP CODE (POSTAL CODE): 320-944	
COUNTRY/AREA: KOREA, REPUBLIC OF	
PHONE NUMBER (Include Area/Country Code): 082 41 7333991	
FAX NUMBER (Optional; Include Area/Country Code): 082 41 7343990	
E-MAIL ADDRESS (Optional):	

**SECTION 12 INSPECTION STATEMENT**

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

**SECTION 13 CERTIFICATION STATEMENT**

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

The Secretary will be permitted to inspect facility at the time and in the manner permitted by this act.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Kyung Soo, Nam

CHECK ONE BOX

A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

IF YOU CHECKED BOX B ABOVE, INDICATE WHO AUTHORIZED YOU TO SUBMIT THE REGISTRATION:

OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER,OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW) : -N/A-

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Optional): -N/A-