



Date:12/22/2020 16:46:51

Created Date

2017-04-24 17:07:42.0

Created by

ibr83837

Registration Expiration Date

2022-12-31

Registration Renewed Date

2020-12-22

Last Updated

2020-12-22

Registration Status Reason

Pending UFI Confirmation

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **18812950032** Pin No **JB48AG9a**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

Ibrahim Hussien Coffee Exporter

Telephone Number

251 116 6206 44

Facility Name Suffix

Company

Fax Number

Facility Street Address, Line 1

711 code 1110

E-Mail Address

IbrahimHussienCoffee@gmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

558550367

City

Addis Ababa

State/Province/Territory

Adis Abeba

Zip Code (Postal Code)

1110

Country/Area

ETHIOPIA



Section 3: Preferred Mailing Address Information

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

Is the preferred mailing address the same as the facility address (Section 2)? No

Name	Telephone Number
Kedija Hussien Mohammed	001 301 7852024
Address, Line 1	Fax Number
9737 Mount Pisgah Rd Apt 102	
Address, Line 2	E-Mail Address
	kedijam1@gmail.com
City	
Silver Spring	
State/Province/Territory	
Maryland	
Zip Code (Postal Code)	
20903	
Country/Area	
UNITED STATES	

Section 4: Parent Company Name/Address Information

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

- Same as Facility Address (Section 2)
 Same as Preferred Mailing Address (Section 3)
 None of the above

Company Name	Telephone Number
Ibrahim Hussien Coffee Exporter	251 116 6206 44
Company Name Suffix	Fax Number
Company	
Address, Line 1	E-Mail Address
711 code 1110	IbrahimHussienCoffee@gmail.com
Address, Line 2	
City	
Addis Ababa	
State/Province/Territory	
Adis Abeba	
Zip Code (Postal Code)	
1110	
Country/Area	
ETHIOPIA	

Section 5: Facility Emergency Contact Information



If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as U.S. Agent Information (Section 7)
- None of the above

Individual's Title (Optional)

Emergency Contact Phone

001 301 3269164

Individual's Name (Optional)

E-Mail Address

Kedija

KEDIJAM1@GMAIL.COM

Individual's Middle Name (Optional)

Job Title (Optional)

H

Individual's Last Name (Optional)

Mohammed

Section 6: Trade Names

(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"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

- Yes
- No

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)

First Name

Telephone Number

Kedija

301 7852024

Middle Name (Optional)

Emergency Contact Phone

H

301 3269164

Last Name

Fax Number

Mohammed

Title (Optional)

E-Mail Address

KEDIJAM1@GMAIL.COM

Address, Line 1

9737 Mount Pisgah Rd Apt 102

Address, Line 2

City

Silver Spring

State/Province/Territory

Maryland

Zip Code (Postal Code)

20903

Country/Area

UNITED STATES



Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
9. COFFEE AND TEA ^{(2) (3) (7)}	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: 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:

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

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Ibrahim Hussien Coffee Exporter

Address, Line 1

711 code 1110

Address, Line 2

City

Addis Ababa

Telephone Number

251 116 6206 44

Fax Number

E-Mail Address

IbrahimHussienCoffee@gmail.com



State/Province/Territory

Adis Abeba

Zip Code (Postal Code)

1110

Country/Area

ETHIOPIA

Section 11: 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 12: 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.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Kedija H Mohammed

CHECK ONE BOX

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Same as Section 10

Individual's Name

KEDIJA H MOHAMMED

Telephone Number

001 301 7852024

Address, Line 1

9737 MOUNT PISGAH ROAD

Fax Number

Address, Line 2

102

E-Mail Address

KEDIJAM1@GMAIL.COM

City

State/Province/Territory

Maryland

Zip Code (Postal Code)

20903

Country/Area

UNITED STATES