



# U.S. Food and Drug Administration Food Facility Registration

Date: 10/02/2018 11:15:45

Created Date  
2014-10-13 18:03:31.0

Created by  
sta53072

Registration Expiration Date  
2020-12-31

Registration Renewed Date  
2018-10-02

Last Updated  
2018-10-02

Registration Status Reason  
Biennial Registration Renewal - 2016

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: Domestic Registration

UPDATE OF REGISTRATION INFORMATION: Registration Number: 10354703000 Pin No 5d5JG5xA

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  
Stahmanns, Inc.

Telephone Number  
001 575 5286810

Facility Name Suffix  
Incorporated

Fax Number

Facility Street Address, Line 1  
22500 S Highway 28

E-Mail Address  
sally@stahmanns.com

Facility Street Address, Line 2

City  
La Mesa

State/Province/Territory  
New Mexico

Zip/Postal Code  
88044-9531

Country/Area  
UNITED STATES

## 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  
Stahmanns Inc.

Telephone Number  
001 575 5286810

Address, Line 1  
PO Box 70

Address, Line 2

City  
San Miguel

State/Province/Territory  
New Mexico

Zip Code (Postal Code)  
88058-0070

Country/Area  
UNITED STATES

Fax Number

E-Mail Address  
sally@stahmanns.com

#### 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  
Stahmanns Inc.

Telephone Number  
001 575 5286810

Company Name Suffix

Fax Number

Address, Line 1  
PO Box 70

E-Mail Address  
sally@stahmanns.com

Address, Line 2

City  
San Miguel

State/Province/Territory  
New Mexico

Zip Code (Postal Code)  
88058

Country/Area  
UNITED STATES

#### Section 5: Facility Emergency Contact Information

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

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

Individual's Title (Optional)

Emergency Contact Phone  
001 575 5286810

Individual's Name (Optional)  
Sally

E-mail Address  
sally@stahmanns.com

Individual's Middle Name (Optional)

Job Title (Optional)  
President

Individual's Last Name (Optional)  
Stahmann Solis

#### 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  
-N/A-  
Middle Name (Optional)  
-N/A-  
Last Name (Optional)  
-N/A-  
Title (Optional)  
-N/A-  
Address, Line 1  
-N/A-  
Address, Line 2  
-N/A-  
City  
-N/A-  
State/Province/Territory  
-N/A-  
Zip Code (Postal Code)  
-N/A-  
Country/Area  
-N/A-  
Emergency Contact Phone  
-N/A-  
Fax Number  
-N/A-  
E-Mail Address  
-N/A-

**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  
January  
End Month  
December  
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 Processor	Low-Acid Food Processor	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)
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]													
a. Nut and Nut Products	<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 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: Sally Stahmann Solis

Address, Line 1 PO Box 70	Telephone Number 001 575 5286810
Address, Line 2	Fax Number
City San Miguel	E-Mail Address sally@stahmanns.com
State/Province/Territory New Mexico	
Zip Code (Postal Code) 88058	
Country/Area UNITED STATES	

**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 RENEWAL: Dawn Sutton

**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 Dawn Sutton	Telephone Number 001 575 5286807
Address, Line 1 P O Box 70	Fax Number 001 575 5286800
Address, Line 2	E-Mail Address dsutton@stahmanns.com
City San Miguel	
State/Province/Territory New Mexico	
Zip Code (Postal Code) 88058	
Country/Area UNITED STATES	