



MEDITERRANEAN SHIPPING COMPANY S.A.
 12-14, chemin Rieu, 1208 GENEVA, Switzerland
 Website : www.msc.com

SCAC Code: MSCU

SEA WAYBILL No. MEDUHA370798
NOT NEGOTIABLE - COPY
 Port-to-Port or "Combined Transport" (see Clause 1)

NO. & SEQUENCE OF SEA WAYBILLS
 1/8

NO. OF RIDER PAGES
 0

SHIPPER:
A. UNIVERS TRANSIT LTD.
INTERNATIONAL MOVERS P.O.BOX 4052
ASHDOD 77140
TEL: 08-8563145

CONSIGNEE:
BAR OMER
11928 BARGATE CT
ROCKVILLE, MD 20852

NOTIFY PARTIES: (No responsibility shall attach to the Carrier or to his Agent for failure to notify - see Clause 20)
ISAAC'S MOVING AND STORAGE
181 CAMPANELLI PARKWAY
STOUGHTON, MA 02072
TEL: 781 436 4731

CARRIER'S AGENTS ENDORSEMENTS: (Include Agent(s) at POD)
FCL/FCL
Lloyds / IMO Number = 9304435
Due to danger of confiscation, warranted vessel is not to call at ports and not to enter the territorial waters of any Arab countries belligerent to the state of Israel and/or actively supporting the Arab boycott prior to unloading in Israel unless in distress or subject to force majeure
SHIPPED ON BOARD QUANTITIES & CONTENTS UNKNOWN & NOT TALLIED OF CONTROLLED BY CARRIER

VESSEL & VOYAGE NO. (see Clauses 8 & 9)
MSC JOANNA V. IU932A

PORT OF LOADING
HAIFA

PLACE OF RECEIPT: (Combined Transport ONLY - see Clauses 1 & 5.2)
XXXXXXXXXX

BOOKING REF. (or) SHIPPER'S REF.
BKIN1930643 **XXXXXX**

PORT OF DISCHARGE
NEW YORK, NY

PLACE OF DELIVERY: (Combined Transport ONLY - see Clauses 1 & 5.2)
XXXXXXXXXX

PARTICULARS FURNISHED BY THE SHIPPER - NOT CHECKED BY CARRIER - CARRIER NOT RESPONSIBLE (see Clause 14)

Container Numbers, Seal Numbers and Marks	Description of Packages and Goods (Continued on attached Sea Waybill Rider page(s), if applicable)	Gross Cargo Weight KGS	Measurement CBM
MEDU5868523/20DV SEAL1/436600 Tare Wt :2220	SLAC - 2 PKGS USED HOUSEHOLD GOODS	1200.000	11.1000
	SLAC - 19 PKGS USED HOUSEHOLD GOODS	300.000	2.7200
	SLAC - 1 PALLET USED HOUSEHOLD GOODS	190.000	1.9000
	SLAC - 1 PALLET USED HOUSEHOLD GOODS	200.000	2.3200
	SLAC - 2 PKGS USED HOUSEHOLD GOODS	1500.000	11.1200
Total Gross wgt. 3390.000 KGS Total Volume. 29.16 CBM			

FREIGHT & CHARGES Cargo shall not be delivered unless Freight & Charges are paid (see Clause 16).

FREIGHT PREPAID

RECEIVED by the Carrier from the Shipper in apparent good order and condition unless otherwise stated herein the total number or quantity of containers or other packages or units indicated in the box entitled "Carrier's Receipt" for carriage subject to all the terms hereof from the Place of Receipt or the Port of Loading, to the Port of Discharge or Place of Delivery, whichever is applicable. IN ACCEPTING THIS SEA WAYBILL THE SHIPPER EXPRESSLY ACCEPTS AND AGREES TO, ON HIS OWN BEHALF AND ON BEHALF OF THE CONSIGNEE, THE OWNER OF THE GOODS AND THE MERCHANT, AND WARRANTS HE HAS AUTHORITY TO DO SO, ALL THE TERMS AND CONDITIONS WHETHER PRINTED, STAMPED OR OTHERWISE INCORPORATED ON THIS AND ON THE REVERSE SIDE AND THE TERMS AND THE CONDITIONS OF THE CARRIER'S APPLICABLE TARIFF AS IF THEY WERE ALL SIGNED BY THE SHIPPER.

Unless instructed otherwise in writing by the Shipper delivery of the Goods will be made only to the Consignee or his authorised representatives. This Sea Waybill is not a document of title to the Goods and delivery will be made, after payment of any outstanding Freight and charges, only on provision of proper proof of identity and of authorisation at the Port of Discharge or Place of Delivery, as appropriate, without the need to produce or surrender a copy of this Sea Waybill.

IN WITNESS WHEREOF the Carrier, Master or their Agent has signed this Sea Waybill.

DECLARED VALUE (only applicable if Ad Valorem Charges paid - see Clause 7.3)
XXXXX

CARRIER'S RECEIPT (No. of Cntrs or Pkgs rcvd by Carrier - see Clause 14.1)
1 CNTR

SIGNED on behalf of the Carrier MSC Mediterranean Shipping Company S.A.

PLACE AND DATE OF ISSUE
HAIFA 21-AUG-2019

SHIPPED ON BOARD DATE
20-AUG-2019

MSC (ISRAEL) LTD
HAIFA

U.S. DEPARTMENT OF HOMELAND SECURITY
Bureau of Customs and Border Protection

FORM APPROVED OMB NO. 1651-0014

DECLARATION FOR FREE ENTRY
OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the laws and regulations administered by the CBP. These regulations and forms apply to importers to ensure that they are complying with the law and to allow us to figure, collect, or refund the right amount of duty and tax. It is mandatory. The estimated average burden associated with this collection of information is 10 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing the burden should be directed to the Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20228, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0014), Washington, DC 20503.

PART I - TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES (Please consult with the CBP official for additional information or assistance. REMEMBER-All of your statements are subject to verification. False declarations or failure to declare articles could result in penalties.)

1. IMPORTER'S NAME (Last, first and middle) OMER BAB		2. IMPORTER'S DATE OF BIRTH 4-20-1985	3. IMPORTER'S DATE OF ARRIVAL 08/11/2019
4. IMPORTER'S U.S. ADDRESS 11928 BARGATE CT. ROCKVILLE MD 20852		5. IMPORTER'S PORT OF ARRIVAL MANHATTAN AIRPORT NEW YORK	
6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN United Air Lines UA-73			
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) NON BAB (wife), Yuval BAB, PANAI BAB (kids)			

8. THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	A. DATE	B. NAME OF VESSEL/CARRIER	C. FROM (Country)	D. B/L OR AWB OR I.T. NO.
E. NUMBER AND KINDS OF CONTAINERS	F. MARKS AND NUMBERS			

PART II - TO BE COMPLETED BY ALL PERSONS EXCEPT U.S. PERSONNEL AND EVACUEES

9. RESIDENCY ("X" appropriate box) I declare that my place of residence abroad <input checked="" type="checkbox"/> is <input type="checkbox"/> was	A. NAME OF COUNTRY ISRAEL	B. LENGTH OF TIME Yr. 34 Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input type="checkbox"/> (1) Returning resident of the U.S. <input type="checkbox"/> (2) Nonresident:	<input type="checkbox"/> a. Emigrating to the U.S. <input checked="" type="checkbox"/> b. Visiting the U.S.	

10. STATEMENT(S) OF ELIGIBILITY FOR FREE ENTRY OF ARTICLES
I the undersigned further declare that: ("X" all applicable items and submit packing list):

- | | |
|--|---|
| <p>A. Applicable to RESIDENT AND NONRESIDENT</p> <p><input checked="" type="checkbox"/> (1) All household effects acquired abroad for which free entry is sought were used abroad for at least one year by me or my family in a household of which I or my family was a resident member during such period of use, and are not intended for any other person or for sale. (9804.00.05, HTSUSA)</p> <p><input checked="" type="checkbox"/> (2) All instruments, implements, or tools of trade, occupation or employment, and all professional books for which free entry is sought were taken abroad by me or for my account or I am an emigrant who owned and used them abroad. (9804.00.10, 9804.00.15, HTSUSA)</p> <p>B. Applicable to RESIDENT ONLY</p> <p><input type="checkbox"/> All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)</p> | <p>C. Applicable to NONRESIDENT ONLY</p> <p><input checked="" type="checkbox"/> (1) All articles of apparel, personal adornment, toiletries and similar personal effects for which free entry is sought were actually owned by me and in the possession of myself, or those members of my family who accompanied me, at the time of departure to the United States and that they are appropriate and are intended for our personal use and not for any other person nor for sale. (9804.00.20 HTSUSA)</p> <p><input checked="" type="checkbox"/> (2) Any vehicles, trailers, bicycles or other means of conveyance being imported are for the transport of me and my family and such incidental carriage of articles as are appropriate to my personal use of the conveyance. (9804.00.35, HTSUSA)</p> |
|--|---|

PART III - TO BE COMPLETED BY U.S. PERSONNEL AND EVACUEES ONLY

I, the undersigned, the owner, importer, or agent of the importer of the personal and household effects for which free entry is claimed, hereby certify that they were in direct personal possession of the importer, or of a member of the importer's family residing with the importer, while abroad, and that they were imported into the United States because of the termination of assignment to extended duty (as defined in section 148.74(d) of the Customs Regulations) at a post or station outside the United States and the CBP Territory of the United States, or because of Government orders or instructions evacuating the importer to the United States; and that they are not imported for sale or for the account of any other person and that they do not include any alcoholic beverages or cigars. Free entry for these effects is claimed under Subheading No. 9805.00.50, Harmonized Tariff Schedule of the United States.

1. DATE OF IMPORTER'S LAST DEPARTURE FROM THE U.S.	2. A COPY OF THE IMPORTER'S TRAVEL ORDERS IS ATTACHED AND THE ORDERS WERE ISSUED ON:
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PART IV - TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY OF ARTICLES (Certain articles may be subject to duty and/or other requirements and must be specifically declared herein. Please check all applicable items and list them separately in item D on the reverse.)

- | | |
|--|---|
| <p>A. For U.S. Personnel, Evacuees, Residents and Non-Residents</p> <p><input type="checkbox"/> (1) Articles for the account of other persons.</p> <p><input type="checkbox"/> (2) Articles for sale or commercial use.</p> <p><input type="checkbox"/> (3) Firearms and/or ammunition.</p> <p><input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products.</p> <p><input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.</p> <p><input type="checkbox"/> (6) Fish, wildlife, animal products thereof.</p> | <p>B. For Residents and Non-Residents ONLY</p> <p><input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year.</p> <p><input checked="" type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.</p> <p>C. For Resident ONLY</p> <p><input type="checkbox"/> (9) Personal effects acquired abroad.</p> <p><input type="checkbox"/> (10) Foreign made articles acquired in the United States and taken abroad on this trip or acquired abroad on another trip that was previously declared to CBP.</p> <p><input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.</p> |
|--|---|

D. LIST OF ARTICLES

(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OR COST OF REPAIRS	(4) FOREIGN MERCHANDISE TAKEN ABROAD THIS TRIP: State where in the U.S. the foreign merchandise was acquired or when and where it was previously declared to CBP.

PART V – CARRIER'S CERTIFICATE AND RELEASE ORDER

The undersigned carrier, to whom or upon whose order the articles described in PART I, 8., must be released, hereby certifies that the person named in Part I, 1., is the owner or consignee of such articles within the purview of section 484(h), Tariff Act of 1930.

In accordance with the provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

1. NAME OF CARRIER	2. SIGNATURE OF AGENT (Print and sign) Date
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PART VI – CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY

I, the undersigned, certify that this declaration is correct and complete.

1. Cne
 A. Authorized Agent* (From facts obtained from the importer) B. Importer

2. SIGNATURE <i>[Signature]</i>	3. DATE <i>08/29/2019</i>
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*An Authorized Agent is defined as a person who has actual knowledge of the facts and who is specifically empowered under a power of attorney to execute this declaration (see 19 CFR 141.19, 141.32, 141.33).

PART VII – CBP USE ONLY (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	2. DATE
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U.S.A. Customs Clearance Documents

The attached set of documents consists of three different forms. First of all, separate the three forms, and then carefully fill them in, paying attention to the notes given below. **If you do not fully complete these forms, your goods will not clear Customs, and you may be charged for storage at destination.**

Power of Attorney

This form empowers the destination agent to act for you as Customs broker, and to make statements and Customs entries on your behalf. (See also note at bottom of section on completing Customs form 3299).

- Please complete the sections marked (X).
- Leave blank the spaces for naming the Customs broker, Customs district and duration of the validity of the form. These details will be entered by the destination agent.
- Don't forget to sign, date, and have the form witnessed.

Customs form 3299

This form is your declaration requesting free entry of your personal effects. The form may seem complicated to begin with, but if you take your time and follow these instructions, you will find it fairly simple to complete. The form is divided into seven sections, numbered Part I through to Part VII.

- Part I - Complete boxes 1 to 7. It is important that you fill boxes 3 (date you arrived/will arrive); 5 (airport or place where you arrived/will arrive); and 6 (airline and flight number) correctly. The information you put in these boxes refers to your own arrival, not the arrival of your goods. Box 8 sections A to F refers to the arrival of your goods. As you will not have the necessary information to complete this part, you may leave Box 8 sections A to F blank for the destination agent to complete.
- Part II - Fill in Box 9, putting an 'X' in the check-box against 'is' if you are moving temporarily to the US, or in the check-box against 'was' if you are moving permanently. Fill in the boxes marked A (name of country); B (length of time); and C (Residency status on arrival) with the relevant information. In Box 10, note that residents of the U.S. should complete parts A and B; non-residents should complete parts A and C. Put an 'X' in each applicable check-box.
- Part III - This part applies only to 'US Personnel and Evacuees.' Complete it only if you are a member of the US Military or a US Government employee, moving on US Government orders. Otherwise, leave this part blank.
- Part IV - Section A applies to all importers. If you have any of the items listed by check-boxes 1 to 6, please put an 'X' in the appropriate box. US residents then go on to enter an 'X' against such applicable check-box in sections B and C. Importers who are non-residents must complete section B, but not section C. Turn the page now to section D where you list any items that you indicated to be in your shipment in sections A, B, or C. It is not necessary to list here any items which you have owned and used for over a year, as long as these items are detailed on your packing list (for owner-packed shipments) or on your inventory (for household removals).
- Part V - The destination agent will complete the 'Name of carrier' and 'Signature of Agent' boxes
- Part VI - Put an 'X' in the 'Importer' check box, sign the form in box 2, and date it in box 3.
- Part VII - Leave blank. This is for Customs' use only.

Note: You may notice that at the bottom of part VI, it is stated that an 'Authorised agent' may complete the form. This is why it is important that you complete the first form, the Power of Attorney. In completing the Power of Attorney, you empower the destination agent to complete any parts you may have missed or filled in incorrectly, using information received from you by mail, fax or telephone.

Treasury Department Supplemental Declaration

On this form, you give details of your passport number, Social security number (if applicable) and brief details of your reason for moving to the United States.

- Enter the correct information in each section. You may leave blank section 16 (Shipment itinerary) - the destination agent will have the information to complete this section. Enter 'N/A' if due to your circumstances a particular section is not applicable to you or your shipment.
- Ensure that you sign the form.

You must now attach to these documents a passport photocopy, specifically the page with your picture and personal details, and the page with your US Visa (if applicable). You must also complete and attach a packing list (for owner-packed shipments), or a numbered inventory which the packers will complete if yours is a professionally-packed household removal.

POWER OF ATTORNEY - to clear my personal effects shipment through U.S. Customs

Section 141.5, Title 19, United States Code of Federal Regulations requires a Customs House Broker to obtain a valid Power of Attorney before transacting business in the name of his principal (Importer of Records).

To expedite clearance of your shipment and to comply with U.S. Customs regulations, please complete the information as requested below (X).

KNOW ALL MEN BY THESE PRESENTS: That, (X) OMER BAB
(Full name of Shipper)

Residing at (X) 11928 BARGATE CT. ROCKVILLE, MD, 20852
(U.S. Address)

hereby constitutes and appoints the following Customs House Broker:

as a true and lawful agent and attorney of the grantor named above for and in the name, place, And stead of said grantor from this date and in all Customs Districts, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, carnet or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; to receive any merchandise deliverable to said grantor;

To make endorsements on bills of lading conferring authority to transfer title, make entry or collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in any customs district;

To sign, seal, and deliver for and as the act of said grantor any bond required by law or regulation in connection with the entry or withdrawal of imported merchandise or merchandise exported with or without benefit of drawback, or in connection with the entry, clearance, lading, unloading or navigation of any vessel or other means of conveyance owned or operated by said grantor, and any and all bonds which may be voluntarily given and accepted under applicable Laws and regulations, consignee's and owner's declarations provided for in section 485, Tariff Act of 1930, as amended or affidavits in connection with the entry of merchandise.

To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unloading, or operation of any vessel or other means of conveyance owned or operated by said grantor;

And generally to transact at the customshouses in any district, any and all customs business, including making, signing, and filing of protests under section 514 of the Tariff Act of 1930, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney, giving to said agent and attorney full power and authority to do anything whatever requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents: the foregoing power of attorney to remain in full force and effect until the _____ day of _____, 2_____, or until notice of revocation in writing is duly given to and received by a District Director of Customs. If the donor of this power of attorney is a partnership, the said power shall in no case have any force or effect after the expiration of 2 years from the date of its execution.

IN WITNESS WHEREOF, the said (X) OMER BAB
(Full name of shipper)

has caused these presents to be signed (X) [Signature] DATE (X) 08/29/2019
(Signature of Shipper)

WITNESSED BY (X) _____ (X) _____
(Witness name) (Witness Signature)

TREASURY DEPARTMENT
U.S. CUSTOMS SERVICE
SUPPLEMENTAL DECLARATION FOR
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. Owner of Household Goods
(Last, first and middle) OMER BAR

2. Date of Birth 04/20/1985 | 3. Citizenship ISRAEL

4. Passport (Country and Number) ISRAEL ~~22~~ 22018752

5. Social Security No. _____ | 6. Resident Alien No. _____

7. U.S. Address 11928 BARGATE CT.
ROCKVILLE, MD, 20852 | 10. Employer The Washington Jewish
Federation

11. Position with Company Head of Mission

8. Foreign Address # 82 DERECH
HABANIM ST. PARDES CHANA
KARKUR | 12. Length of Employment 1 month

9. Reason for Moving Wife's job to | 13. Nature of Business Not for profit

Washington DC. | 14. Name and Telephone of Company Official Who Can Verify
Above Information Lexi Brook Robbins, The
Washington Jewish Federation, 202-270-5394

15. Name and Address of Freight Forwarders
Packers and Shipping Agents _____

16. Shipment Itinerary
(specify place of loading and intermediate ports)

17. Certification
I, the undersigned, certify that this declaration is correct and complete
 A. Authorized Agent (from facts obtained from the importer)
 B. Importer
Signature NCP WTB Date 08/29/2019



A. UNIVERS TRANSIT LTD.

BECAUSE WE CARE...

Shipper Name: Omer Bab
Packing Job Date: 17 Jul 2019
Origin Address: Israel
Destination Address: USA

PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1	Chest		Wrapped	-----
2	Chest		Wrapped	-----
3	Office Supplies		Medium Box	-----
4	Office Supplies		Medium Box	-----
5	Books		Book/Small Box	-----
6	Books		Book/Small Box	-----
7	Decorations		Wrapped	-----
8	Clothes		Medium Box	-----
9	Clothes		Medium Box	-----
10	Toys		Large	-----
11	Picture		Standup Box	-----
12	Picture		Standup Box	-----
13	Books		Book/Small Box	-----
14	Books		Book/Small Box	-----
15	Toys		Large	-----
16	Toys		Large	-----
17	Clothes		Medium Box	-----
18	Picture		Standup Box	-----
19	Breakfast Table		Wrapped	-----
20	Mattress		Wrapped	-----
21	Picture		Standup Box	-----
22	Picture		Standup Box	-----
23	Computer Monitor		Wrapped	-----
24	Clothes		Medium Box	-----
25	Clothes		Medium Box	-----
26	Clothes		Medium Box	-----

Owner Signature _____

Company's Signature _____




A. UNIVERS TRANSIT LTD.

Because we care..


27	Clothes		Medium Box	-----
28	Kitchenware		Book/Small Box	-----
29	Kitchenware		Book/Small Box	-----
30	Kitchenware		Book/Small Box	-----
31	Kitchenware		Book/Small Box	-----
32	Kitchenware		Book/Small Box	-----
33	Kitchenware		Book/Small Box	-----
34	Chest		Wrapped	-----
35	Mattress		Wrapped	-----
36	Bed		Wrapped	-----
37	Camping Equipment		Wrapped	-----
38	Camping Equipment		Wrapped	-----
39	Exercise Bike		Wrapped	-----
40	Exercise Bike		Wrapped	-----
41	Glassware		Medium Box	-----
42	Toys		Large	-----
43	bed		Wrapped	-----
44	bed		Wrapped	-----
45	bed		Wrapped	-----
46	bed		Wrapped	-----
47	bed		Wrapped	-----
48	bed		Wrapped	-----
49	bed		Wrapped	-----
50	Chest		Wrapped	-----
51	Camping Equipment		Wrapped	-----

Total Number of Packages: 51

Owner Signature



Company's Signature



ISF Information

ISF Number SV8-97715999551	Reference Number 305662	ISF Type ISF-10
Importer	Consignee	
Shipment Type 03 - Household Goods/Personal Effects		
	Time Accepted 8/24/19 2:21:10 PM	

Bills of Lading		
Carrier:	Mode of Transportation: Vessel, Container	
Bill Type	Bill Number	Bill on File
Straight/Regular/Simple Bill	MEDU HA370798	Yes

Selling Party		
BAB OMER Street Number: 82 Street Name: DERECH HABANIM PARDES HANA, IL		

Buying Party		
BAB OMER Street Number: 11928 Street Name: BARGATE CT ROCKVILLE, MD 20852, US		

Ship to Party		
BAB OMER Street Number: 11928 Street Name: BARGATE CT ROCKVILLE, MD 20852, US		

Container Stuffing Location		
A UNIVERS TRANSIT Street Number: 14 Street Name: HADARIM ASHDOD, IL		

Consolidator		
A UNIVERS TRANSIT Street Number: 14 Street Name: HADARIM ASHDOD, IL		

Manufacturer		
BAB OMER Street Number: 82 Street Name: DERECH HABANIM PARDES HANA, IL		
Part Number	Tariff Number	Country of Origin
	980400	IL

Consignee		
BAB OMER		DUNS/DUNS+4: 22018752