



Shipper Name:

Nina Haddad

Packing Job Date:

14 May 2018

Origin Address:

Israel

Destination Address:

USA

PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1	Clothes		Medium Box	-
2	Clothes		Medium Box	- <u> </u>
3	Clothes	Account to the second s	Medium Box	-
4	Clothes	- Company of the Comp	Medium Box	- <u> </u>
5	Clothes		Medium Box	
6	Clothes	F	Medium Box	-
7	Clothes	Name of the state	Medium Box	-
8	Clothes		Medium Box	-
9	Clothes		Medium Box	- <u> </u>
10	Clothes		Medium Box	
11	Clothes		Medium Box	
12	Glassware		Medium Box	-
13	Glassware		Medium Box	-
14	Glassware		Medium Box	- <u> </u> -
15	Glassware		Medium Box	-
16	Glassware		Medium Box	- i
17	Glassware		Medium Box	
18	Kitchenware		Book/Small Box	
19	Kitchenware		Book/Small Box	
20	Kitchenware		Book/Small Box	
21	Kitchenware		Book/Small Box	
22	Kitchenware		Book/Small Box	ļ
23	Chair, Dining		Wrapped	
24	Chair, Dining		Wrapped	<u> </u>
25	Chair, Dining		Wrapped	

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Owner Signature			Company's Signature	,
		25		
Page 1 of 3 •	5			



A. UNIVERS TRANSIT LTD.

26	Chair, Dining	Wrapped -	·
27	Bed Part	Wrapped	
28	Bed Part	Wrapped	
29	Bed Part	Wrapped	
30	Bed Part	Wrapped	
31	Matrass	Wrapped	
32	Table, Dining	Wrapped -	
33	Sofa/ Couch, 2 Cushion	Wrapped -	
34	Sofa/ Couch, 2 Cushion	Wrapped -	
35	Sofa/ Couch, 2 Cushion	Wrapped -	
36	Sofa/ Couch, 3 Cushion	Wrapped -	
37	Sofa/ Couch, 3 Cushion	Wrapped -	
38	Refrigerator	Wrapped -	
39	TV	Wrapped -	
40	Table	Wrapped -	
41	Chest	Wrapped -	
42	Chest	Wrapped -	
43	Chest	Wrapped -	
44	Chest		
45	Chest	Wrapped -	
46	Chest		
47	Chest	Wrapped -	
48	Chest		
49	Chest	Wrapped [-	
50	Chest		
51	Clothes	Medium Box	
52	Clothes	Medium Box -	
53	Clothes	Medium Box -	
54	Clothes	Medium Box -	
55	Books	Book/Small Box	
56	Books	Book/Small Box	
57	Books	Book/Small Box	
58	Books	Book/Small Box	
59	Books	Book/Small Box	

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Owner Signature	- 15.45 X	Company's Signature	



A. UNIVERS TRANSIT LTD.

60	Books	Book/Small Box
61	Coffee Table	Wrapped
62	Clothes	Medium Box
63	Clothes	Medium Box
64	Clothes	Medium Box
65	Clothes	Medium Box
56	Clothes	Medium Box
67	Decorations	Wrapped
58	Decorations	Wrapped
59	Decorations	Wrapped
70	Decorations	Wrapped
71	Decorations	Wrapped
72	Kitchenware	Book/Small Box
73	Kitchenware	Book/Small Box
74	Kitchenware	Book/Small Box
75	Kitchenware	Book/Small Box
76	Kitchenware	Book/Small Box
77	Kitchenware	Book/Small Box
78	Chest	Wrapped

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Owner Signature	· · · · · · · · · · · · · · · · · · ·		Company's Signature		
	Decree of the second	Si			
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ISF Information

ISF Number SV8-79968756119	Reference Number 305788					ISF Type ISF-10
Importer			Consignee		to the second	
Shipment Type 03 - Household Goods/Perso	nal Effects					
			Time Accepte 1/16/20 9:36	ed 5:24 Al	М	
Bills of Lading					*	
Carrier: Mode of T	ransportation: Vessel, Co	ntain	er			
Bill Type	Bill Number					Bill on File
Straight/Regular/Simple Bill	MEDU AS111865					No
Selling Party						
HADDAD NINA						
Street Number: 72						
Street Name: ALON 72 GIVAT AVNI, IL						
OIVAI AVIII, IL						
Buying Party						
HADDAD NINA						
Street Number: 2869						
Street Number: AMIDON RO						
MONTGOMERY CENTER, V	1 05471, 05					
Ship to Party						
HADDAD NINA						
Street Number: 2869						
Street Number: AMIDON RO						
MONTGOMERY CENTER, V	1 05471, 05					
Container Stuffing Location	1					
A UNIVERS TRANSIT						
Street Number: 14						
Street Name: HADARIM ASHDOD, IL						
(ASTIDOD, IL						
Consolidator						
A UNIVERS TRANSIT						
Street Number: 14 Street Name: HADARIM						
ASHDOD, IL						
(71011202), 12						
Manufacturer						
HADDAD NINA						
Street Number: 72						
Street Name: ALON 72 GIVAT AVNI, IL						
			_			
Part Number			Tariff Nur	nber	Country	of Origin
	***************************************		980400		IL	
Consignee						
HADDAD NINA GERI						DUNS/DUNS+4: 511174786

DUNS/DUNS+4: 511174786

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

DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

FORM APPROVED OMB NO. 1651-0014

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 dircumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0014), Washington, DC 20503.

PART I - TO BE COMPLETED BY assistance. REMEMBE	R—All of your statements are s	G FREE ENTRY	OF ARTICLES (Pleas L False declarations or f	e consult with the CBP	official for addition	nal informati	on or
1. IMPORTER'S NAME (Last, first and n	níddle)		2. IMPORTER'S DAT	E OF BIRTH	3. IMPORTER'S	S DATE OF	ARRIVAL
- HADDAD	MINA		APRIL	157. 1761	42,20	18	
4. IMPORTER'S U.S. ADDRESS 25 NO 17H			5. IMPORTER'S POR	RT OF ARRIVAL	And the second s		
DERICHO, VERI	MONT 05465	5	The second second	NG VESSEL CARRIER	AND FLIGHT/TF	RAIN	
7. NAME(S) OF ACCOMPANYING HOL	JSEHOLD MEMBERS (wife, hi	usband, minor childr	ren, etc.)				
/							
8.THE ARTICLES FOR WHICH FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY FAMILY AND WERE IMPORTED	A. DATE	B, NAME OF VE	SSEL/CARRIER	C. FROM (Country)		D. B/L OR A	WB OR I.T. N
E. NUMBER AND KINDS OF CONTAIN	ERS	F. MARKS AND	NUMBERS			<u></u>	
						W	
PART II - TO BE COMPLETED BY	Y ALL PERSONS EXCEPT	T U.S. PERSONN					
RESIDENCY ('X" appropriate box) I declare that my place of residence a	abroad D is	r was	A. NAME OF COUNT	TRY	B. LENGTH C		7
C. RESIDENCY STATUS UPON MY/OU		7	ISRAEL		7	Yr.	9
(1) Returning resident of the U.S.	JR ARRIVAL (A One)	(2) Nonresident:	a. Emigrating to	the U.S.	b. Visitin	ng the U.S.	
10. STATEMENT(S) OF ELIGIBILITY F	OR FREE ENTRY OF ARTICL	.ES					
I the undersigned further declare that (")	X" all applicable items and sub	mit packing list):					
A. Applicable to RESIDENT AND	NONRESIDENT		C. Applicable to	NONRESIDENT ON	LY		
(1) All household effects acquired abroad for at least one year by family was a resident member for any other person or for sale	abroad for which free entry is s me or my family in a househol during such period of use, and	ld of which I or my	(1) All articles of for which free myself, or the	f apparel, personal ador e entry is sought were a ose members of my fan the United States and t	nment, toiletries actually owned by nily who accompa	me and in tanied me, at	he possessi the time of
(2) All instruments, Implements, or professional books for which from y account or I am an emigran 9804.00.15, HTSUSA)	r tools of trade, occupation or e	abroad by me or for	our personal (2) Any vehicles	use and not for any oth trailers, bicycles or oth port of me and my famili	ner person nor for ner means of con	r sale. (9804 veyance bei	.00.20 HTSI
B. Applicable to RESIDENT ONL	.Y		are appropri	ate to my personal use	of the conveyance	e. (9804.0ō,	35, HTSUS
All personal effects for which free e account. (9804.00.45, HTSUSA)	intry is sought were taken abro	oad by me or for my					
PART III TO BE COMPLETED I	BY U.S. PERSONNEL AN	D EVACUEES OF	NLY				
I, the undersigned, the owner, importer, possession of the importer, or of a mem termination of assignment to extended of United States, or because of Governme person and that they do not include any United States.	or agent of the importer of the iber of the importer's family res duty (as defined in section 148, int orders or instructions evacu- alcoholic beverages or cigars.	personal and house siding with the impor- .74(d) of the Custom sating the importer to	shold effects for which free ter, while abroad, and the is Regulations) at a post	at they were imported in or station outside the U	nto the United Sta United States and	the CBP Te	of the rritory of the
1. DATE OF IMPORTER'S LAST DEPA		The state of the s	2. A COPY OF THE IN WERE ISSUED ON	PORTER'S TRAVEL C	RDERS IS ATTA	ACHED AND	THE ORDE
OCTOBER	2017		WERE ISSUED ON				
PART IV - TO BE COMPLETED requirem	BY ALL PERSONS SEEK nents and must be specifically	KING FREE ENTR declared herein. Ple	RY OF ARTICLES (Cease check all applicable	ertain articles may be su items and list them sep	bject to duty and	l/or other on the rever	se.)
A. For U.S. Personnel, Evacuees			B. For Residents an			W	
(1) Articles for the account of other persons.	(2) Articles for sale or commercial use.	Table 1	(7) Foreign househo		(8) Foreign h	ousehold eff	
(3) Firearms and/or ammunition.	(4) Alcoholic articles of types or tobacco p		C. For Resident ONI	LY			
(5) Fruits, plants, seeds,	(6) Fish, wildlife, anim	ا	(9) Personal effects	acquired abroad.			
meats, or birds.	products thereof.	E	(10) Foreign made a acquired abroad	articles acquired in the l d on another trip that wa	United States and as previously dec	i taken abroa lared to CBF	ad on this tri
		Γ	(11) Articles taken a	broad for which alterati	ons or repairs we	re performe	d abroad.

ABROAD the foreign and where it
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is the owner of
(29/1)

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

1. Owner of Household Goods (Last, first and middle) 1-(ADDAD)	NINA
2. Date of Birth APRIL 1961	3. Citizenship
4. Passport (Country and Number)	511174786
5. Social Security No. 09 8 44 8 99 }	6. Resident Alien No. MA
7. U.S. Address 25 NONTH, JERICHO	
VERMONT 2565	
	11. Position with Company \(\square
8. Foreign AddressM pnAN 5, M/6 DAC	
I SAA EL	12. Length of Employment /V/A
	13. Nature of Business
9. Reason for Moving PERSONAL	
	14. Name and Telephone of Company Official Who Can Verify Above Information
	212-874-9144
15. Name and Address of Freight Forwarders Packers and Shipping Agents	. §
·	
	*
16. Shipment Itinerary (specify place of loading and intermediate ports)	
	4
17. Certification I, the undersigned, certify that this declaration is correct and	complete
☐ A. Authorized Agent (from facts obtained from the imported	er)
☐ B. Importer	
Signature	Date 4/29/48

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).