



A. UNIVERS TRANSIT LTD.


Because we care...

Shipper Name: Sharon Shechter
Packing Job Date: 21 Dec 2021
Origin Address: Israel
Destination Address: USA


PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1	Clothes		Medium Box	-----
2	Clothes		Medium Box	-----
3	Clothes		Medium Box	-----
4	Clothes		Medium Box	-----
5	Bed, King Size (Part of)		Wrapped	-----
6	Bed, King Size (Part of)		Wrapped	-----
7	Bed, King Size (Part of)		Wrapped	-----
8	Bed, King Size (Part of)		Wrapped	-----
9	Bed, King Size (Part of)		Wrapped	-----
10	Mattress		Wrapped	-----
11	Mattress		Wrapped	-----
12	Kitchen		Wrapped	-----
13	Kitchen		Wrapped	-----
14	Kitchen		Wrapped	-----
15	Kitchen		Wrapped	-----
16	Kitchen		Wrapped	-----
17	Kitchen		Wrapped	-----
18	Kitchen		Wrapped	-----
19	Clothes		Medium Box	-----
20	Clothes		Medium Box	-----
21	Toys		Large	-----
22	Office Supplies		Medium Box	-----
23	Office Supplies		Medium Box	-----
24	Office Supplies		Medium Box	-----
25	Office Supplies		Medium Box	-----
26	Pillows		Large	-----
27	Pillows		Large	-----
28	Pillows		Large	-----

Owner Signature



Company's Signature





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29	Pillows		Large	-----
30	Trampoline		Wrapped	-----
31	Office Supplies		Wrapped	-----
32	Office Supplies		Wrapped	-----
33	Closet		Wrapped	-----
34	Shelves		Wrapped	-----
35	Bed		Wrapped	-----
36	Camping Equipment		Wrapped	-----
37	Plastic Box		Wrapped	-----
38	Speaker		Wrapped	-----
39	Guitar		Wrapped	-----
40	Plastic Box		Wrapped	-----
41	Toys		Large	-----
42	baby cart		Wrapped	-----
43	Games		Medium Box	-----
44	Decorations		Wrapped	-----
45	Kitchenware		Book/Small Box	-----
46	Toys		Large	-----
47	baby bed (Part of)		Wrapped	-----
48	baby bed (Part of)		Wrapped	-----
49	baby bed (Part of)		Wrapped	-----
50	Office Supplies		Wrapped	-----
51	Games		Medium Box	-----
52	Books		Book/Small Box	-----
53	Books		Book/Small Box	-----
54	Office Supplies		Wrapped	-----
55	Tool Box		Wrapped	-----
56	Weight Scale		Wrapped	-----
57	Office Supplies		Wrapped	-----
58	Toys		Large	-----
59	Baby stuff		Wrapped	-----
60	Sports Equipment		Wrapped	-----
61	Baby seat		Wrapped	-----
62	Clothes		Medium Box	-----
63	Plastic Closet		Wrapped	-----
64	Table		Wrapped	-----

Owner Signature _____

R

Company's Signature _____

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65	Garden Hose and Tools		Wrapped	-----
66	Bicycle		Wrapped	-----
67	Bed (Part of)		Wrapped	-----
68	Plastic Closet		Wrapped	-----
69	Chair, Arm		Wrapped	-----
70	Decorations		Wrapped	-----
71	Bed		Wrapped	-----
72	Bed		Wrapped	-----
73	Toys		Large	-----

Total Number of Packages: 73

Used Boxes:

Packages Summary

Box Name	Quantity
Book/Small Box	3
Large	9
Medium Box	13
Wrapped	48

Owner Signature _____

Company's Signature _____

ISF Information

ISF Number MSW-32474358845	Reference Number 306655	ISF Type ISF-10
Importer		Consignee
Shipment Type 03 - Household Goods/Personal Effects		
		Time Accepted 1/20/22 6:45:07 AM

Bills of Lading		
Carrier:	Mode of Transportation: Vessel, Container	Master Bill: MEDU HH293829
Bill Type	Bill Number	Bill on File
House Bill	SHPT 3023478	Yes

Selling Party
SHECHTER SHARON Street Number: 4 Street Name: KLILAT YOFEE ARIEL, IL

Buying Party
SHECHTER SHARON Street Number: 350 Street Name: GRANT AVE CRESSKILL, NJ 07205, US

Ship to Party
SHECHTER SHARON Street Number: 350 Street Name: GRANT AVE CRESSKILL, NJ 07205, US

Container Stuffing Location
OVERSEAS COMMERCE Street Number: 3 Street Name: HANOFAR HAIFA, IL

Consolidator
ELDAN CARGO 2000 LTD Unstructured Street Address: AZUR Unstructured Street Address: AZUR AZUR, IL

Manufacturer		
SHECHTER SHARON Street Number: 4 Street Name: KLILAT YOFEE ARIEL, IL		
Part Number	Tariff Number	Country of Origin
	980400	IL

Consignee
SHECHTER SHARON SHMUEL SHIMON
DUNS/DUNS+4: 29033338



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

OMB APPROVAL NO. 1551-0014
EXPIRES: 11-30-2022
ESTIMATED BURDEN: 45 MIN.

DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES

19 CFR 148.6, 148.52, 148.53, 148.77

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1551-0014. The estimated average time to complete this application is 45 minutes. The obligation to respond to this information collection is mandatory to obtain benefits. If you have any comments regarding the burden estimate you can write to CBP PRA Officer, U.S. Customs and Border Protection, Office of Regulations and Rulings, 10th floor, 90K Street NE, Washington DC 20229-1177.

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 initial) <i>Sharon Shmuel Shimon Shechter</i>		2. IMPORTER'S DATE OF BIRTH <i>March 29th, 1981</i>	3. IMPORTER'S DATE OF ARRIVAL <i>January, 2nd, 2022</i>	
4. IMPORTER'S U.S. ADDRESS <i>350 Grant Ave., Cresskill, 07026, New Jersey</i>		5. IMPORTER'S PORT OF ARRIVAL <i>Newark, (Newark Liberty Intl. Airport)</i>		6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN <i>United Airlines UA091</i>
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) <i>EFrat Matas (Wife), Raphael (child), Beerli (child), Harni (child)</i>				
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 is was **A. NAME OF COUNTRY** *Israel* **B. LENGTH OF TIME** *40 yr. 9 Mo.*

C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One)
 (1) Returning resident of the U.S. (2) Nonresident: a. Emigrating to the U.S. 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> <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) <input 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>C. Applicable to NONRESIDENT ONLY</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) <input 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>B. Applicable to RESIDENT ONLY</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)	

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: _____

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> <input type="checkbox"/> (1) Articles for the account of other person. <input type="checkbox"/> (3) Firearms and/or ammunition. <input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.	<p><input type="checkbox"/> (2) Articles for sale or commercial use. <input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products. <input type="checkbox"/> (6) Fish, wildlife, animal products thereof.</p>	<p>B. For Residents and Non-Residents ONLY</p> <input type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year. <input checked="" type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.
<p>C. For Resident ONLY</p> <input type="checkbox"/> (9) Personal effects acquired abroad. <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 <input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.		

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) Sharon Shmuel Shimon Shechter
(Full name of shipper)

Residing at (X) 350 Grant Ave., Cresskill, 07626, New Jersey
(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;

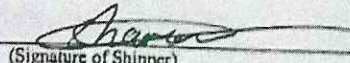
To make endorsements on bills of lading conferring authority to transfer title, make entry or collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture 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, unlading 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, unlading, 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) Sharon Shmuel Shimon Shechter
(Full name of shipper)

has caused these presents to be signed (X)  DATE (X) January, 2nd, 2007
(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) Sharon Shmuel Shimon Shechter

2. Date of Birth March 29th, 1981 | 3. Citizenship Israel

4. Passport (Country and Number) 29033338

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

7. U.S. Address 350 Grant Ave.,
Cresskill, 07626, New Jersey | 10. Employer Kornit Digital

11. Position with Company Service manager

8. Foreign Address Klilat YoFi 4/2,
Ariel, Israel, 4077404 | 12. Length of Employment 4 years

13. Nature of Business Digital printing

9. Reason for Moving Relocation for
employment | 14. Name and Telephone of Company Official Who Can Verify
Above Information
Yali Levi, +16316643632

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 Sharon

Date January 2nd, 2022