

Shipper:

**A. UNIVERS TRANSIT LTD.
INTERNATIONAL MOVERS
HASHARON 6
AIRPORT CITY ISRAEL
TEL: 08-8563145**



Carrier's Reference: **77624869** SWB-No.: **HLCUTLV220105171** Page: **2 / 3**

Export References:

Consignee:

**SCHUMACHER CARGO LOGISTICS
550 WEST 135TH STREET
GARDENA, CA 90248 U.S.A
T: 00-1-562-408-6677
FX: 00-1-562-408-6636**

Forwarding Agent:

Notify Address (Carrier not responsible for failure to notify):

**SCHUMACHER CARGO LOGISTICS
550 WEST 135TH STREET
GARDENA, CA 90248 U.S.A
T: 00-1-562-408-6677
FX: 00-1-562-408-6636**

Consignee's Reference:

Place of Receipt:

Vessel(s):

ZIM YOKOHAMA

Voyage-No.:

62W

Place of Delivery:

Port of Loading:

ASHDOD

Port of Discharge:

NEW YORK, NY

Container Nos., Seal Nos.; Marks and Nos.

Number and Kind of Packages, Description of Goods

Gross Weight:

Measurement:

AS PER ATTACHED LIST

=====
2578.0
KGM

**SHIPPED ON BOARD, DATE : 16/FEB/2022
PORT OF LOADING: ASHDOD
VESSEL NAME: ZIM YOKOHAMA VOYAGE: 62W**

FREIGHT PREPAID

EXPRESS BILL OF LADING..

Shipper's declared Value [see clause 7(2) and 7(3)]

Total No. of Containers received by the Carrier: **1** Packages received by the Carrier:

Movement: **FCL/FCL** Currency:

Charge	Rate	Basis	aWt/Vol/Val	P/C	Amount
ETO				P	
THO				P	
MFR				P	
SMD				P	
MTD				P	
NPD				C	
LUMPSUM				P	

Total Freight Prepaid Total Freight Collect Total Freight

Above Particulars as declared by Shipper. Without responsibility or warranty as to correctness by Carrier [see clause 11]

RECEIVED by the Carrier from the Shipper in apparent good order and condition (unless otherwise noted herein) the total number or quantity of Containers or other packages or units indicated in the box opposite entitled "Total No. of Containers/ Packages received by the Carrier" for Carriage subject to all the terms and conditions hereof (INCLUDING THE TERMS AND CONDITIONS ON THE REVERSE HEREOF AND THE TERMS AND CONDITIONS OF THE CARRIER'S APPLICABLE TARIFF) from the Place of Receipt or the Port of Loading, whichever is applicable, to the Port of Discharge or the Place of Delivery, whichever is applicable. In accepting this Sea Waybill the Merchant expressly accepts and agrees to all its terms and conditions whether printed, stamped or written, or otherwise incorporated, notwithstanding the non-signing of this Sea Waybill by the Merchant.

Place and date of issue:

TEL AVIV 16/FEB/2022

Freight payable at:

PREPAID

**FOR ABOVE NAMED CARRIER
CARGO MARINE LTD. (AS AGENT)**

Ballindamm 25 - D-20095 Hamburg VAT-ID-No: DE813960013

Sea Waybill • Not Negotiable

Sea Waybill • Not Negotiable

90147346 L.V. 06/16 MTD17312 (FE... SWB-HLAG

Cont/Seals/Marks	Packages/Description of Goods	Weight	Measure
TEMU 1595974 SEAL: 1543941 MARKS & NOS: BROZA ADAM HENRY	1 CONT. 20'X8'6" GENERAL PURPOSE CONT. 1 PACKAGE ON 1 PALLET OF USED HOUSEHOLD GOODS HS #9804.00	SLAC* 1041.0 KGM	5.190 MTQ
MARKS & NOS: NAVEH ZILA	1 PACKAGE OF USED HOUSEHOLD GOODS HS #9804.00	320.0 KGM	2.480 MTQ
MARKS & NOS: LORD PAMELA A	2 PACKAGES OF USED HOUSEHOLD GOODS HS #9804.00	645.0 KGM	6.050 MTQ
MARKS & NOS: BLATT REBECCA FAY	1 PACKAGE ON 1 PALLET OF USED HOUSEHOLD GOODS HS #9804.00	142.0 KGM	0.820 MTQ
MARKS & NOS: ISRAEL ILANA	1 PACKAGE ON 1 PALLET OF USED HOUSEHOLD GOODS HS #9804.00	88.0 KGM	1.250 MTQ
MARKS & NOS: FURMAN ARNOLD	1 PACKAGE OF USED HOUSEHOLD GOODS HS #9804.00	342.0 KGM	3.780 MTQ

*SLAC = Shipper's Load, Stow, Weight and Count

ISF Information

ISF Number MSW-64059530006	Reference Number 306650	ISF Type ISF-10
Importer		Consignee
Shipment Type 03 - Household Goods/Personal Effects		
		Time Accepted 2/22/22 11:25:37 AM

Bills of Lading

Carrier:	Mode of Transportation: Vessel, Container	Master Bill: HLCU TLV220105171
Bill Type	Bill Number	Bill on File
House Bill	HLCU TLVMA05171AE	Yes

Selling Party

SEELIG YARON
 Street Number: 128
 Street Name: SHDEROT MORIA
 HAIFA, IL

Buying Party

ISRAEL ILANA
 Street Number: 1701
 Street Name: LOCUS ST
 PHILADELPHIA, PA 19103, US

Ship to Party

ISRAEL ILANA
 Street Number: 1701
 Street Name: LOCUS ST
 PHILADELPHIA, PA 19103, 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

SEELIG YARON
 Street Number: 128
 Street Name: SHDEROT MORIA
 HAIFA, IL

Part Number	Tariff Number	Country of Origin
	980400	IL

Consignee

ISRAEL ILANA DUNS/DUNS+4: 542737057



A. UNIVERS TRANSIT LTD.

באמצעות שירותי אנוש...

Shipper Name: Yaron Seelig
Packing Job Date: 16 Dec 2021
Origin Address: Israel
Destination Address: USA

PACKING INVENTORY

No.	Description	Comment	Box Type	Room
1	Books		Book/Small Box	-----
2	Books		Book/Small Box	-----
3	Picture		Wrapped	-----
4	Picture		Wrapped	-----
5	Picture		Wrapped	-----
6	Books		Book/Small Box	-----

Total Number of Packages: 6

Used Boxes:

Packages Summary

Box Name	Quantity
Book/Small Box	3
Wrapped	3

Owner Signature

Company's Signature

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

1. Owner of Household Goods (Last, first and middle) <u>ILANA ISRAEL</u>	
2. Date of Birth <u>13-03-1944</u>	3. Citizenship <u>US</u>
4. Passport (Country and Number) <u>542737057</u>	
5. Social Security No. _____	6. Resident Alien No. _____
7. U.S. Address <u>1701 Locust St</u> <u>Unit 1012</u> <u>Phila. PA. 19103 US</u>	
10. Employer _____	
8. Foreign Address _____	
11. Position with Company _____	
12. Length of Employment _____	
13. Nature of Business _____	
9. Reason for Moving _____	
14. Name and Telephone of Company Official Who Can Verify Above Information _____	
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	
<input type="checkbox"/> A. Authorized Agent (from facts obtained from the importer)	
<input checked="" type="checkbox"/> B. Importer	
Signature <u>Ilana Israel</u>	Date <u>12-19-21</u>

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) Ilana Israel
(Full name of Shipper)

Residing at (X) 1701 Locust St Unit 1612 Phila, PA 19103
(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) Ilana Israel
(Full name of shipper)

has caused these presents to be signed (X) Ilana Israel DATE (X) 12-19-21
(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) ILANA ISRAEL

2. Date of Birth 13-03-1944 3. Citizenship US

4. Passport (Country and Number) 542737057

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

7. U.S. Address _____ 10. Employer _____

8. Foreign Address _____ 11. Position with Company _____

9. Reason for Moving _____ 12. Length of Employment _____

13. Nature of Business _____

14. Name and Telephone of Company Official Who Can Verify
Above Information _____

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 Jane Israel Date 12-19-21



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

OMB APPROVAL NO. 1651-0014
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 1651-0014. 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) ISRAEL ILANA		2. IMPORTER'S DATE OF BIRTH 12-03-1944	3. IMPORTER'S DATE OF ARRIVAL
4. IMPORTER'S U.S. ADDRESS 1701 LOCUST ST UNIT 1612 Philadelphia, PA. 19103		5. IMPORTER'S PORT OF ARRIVAL	
6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN			
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) NON			

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 ISRAEL	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 USA	B. LENGTH OF TIME 49 Yr. Mo. 2
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input checked="" type="checkbox"/> (1) Returning resident of the U.S. <input type="checkbox"/> (2) Nonresident: <input type="checkbox"/> a. Emigrating to the U.S. <input 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):			
A. Applicable to RESIDENT and NONRESIDENT <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)		C. Applicable to NONRESIDENT ONLY <input 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)	
B. Applicable to RESIDENT ONLY <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.)

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

