Shipper

Consignee

MAIER GADI

TEL AVIV ISRAEL

MAIER GADI

YEHUDA HAMACABEE 7/47

11609 N 84TH STREET

LINER BILL OF LADING COPY NON-NEGOTIABLE

SMRK 2044715

Reference No.

4021594



5, PAL-YAM ST., HAIFA 33095 ISRAEL TEL. 04-8672270 FAX, 04-8641670

For delivery apply to:

PASSPORT#592910052 Notify address

> RAINER OVERSEAS MOVERS INC. P.O.BOX 97004 BELLEVUE, WA 98009, U.S.A

SCOTTSDALE, ARIZONA 85260 PHONE: +1-425-336-1958

TEL: 425-336-1958 Pre-carriEMANAL: MARKERAINDEROSraCOM by pre-carrier Vessel Port of loading MSC HEIDI V309

Port of discharge NEW YORK

HAIFA, ISRAEL Place of delivery by on carrier*

Marks and Nos

PHOENIX, AZ Number and kind of packages; description of goods

Gross weight

1,171.00

SEAMAR FREIGHT INTERNATIONAL**

TEL:718-5535333 FAX:718-5530708

167-14 146 ROAD,

JAMAICA, NY 11434 USA

Measurement

13.550

MAIER GADI MACHSANEI FLAX MI RAMAT AH SHARON

3 PACKAGES

SLAC: 32 PCAKAGES OF USED HOUSHOLD PACKED ON 3 PACKAGES

H.S 9403.10 *EXPRESS B/L**

Particulars furnished by the Merchant

Freight details, charges ets.

Stuft.Cont.No. CAAU-500422-4 CES

BILL OF LADING

RECEIVED by the Carrier the Goods as specified above in apparent order and condition unless otherwise stated, to be transported to such place as agreed, authorised or permitted herein and subject to all the terms and conditions appearing on the front and reverse of this Bill of Lading to which the Merchant agrees by accepting this Bill of Lading, any local privileges and customs notwithstanding.

The particulars given above as stated by the shipper and the weight, measure, quantity, conditions, contents and value of the Goods are unknown to the Carrier.

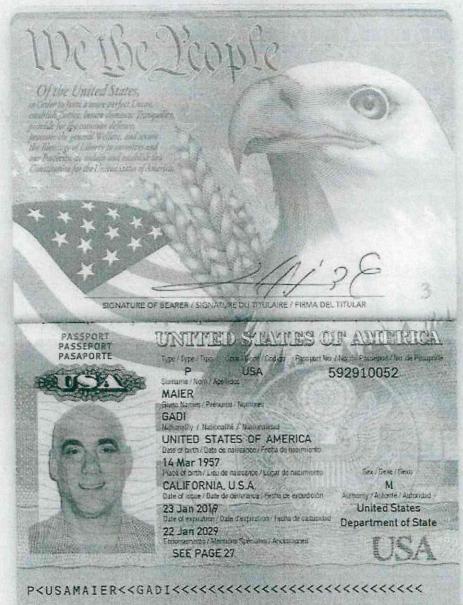
In WITNESS, whereof one (1) original BILL of Lading has been signed it not otherwise stated hereafter, the same being accomplished the other(s), if any to be void, if required by the Carrier one (1) original Bill of Lading must be surrendered duly endorsed in exchange for the Goods or delivery order.

The contract evidenced by or contained in this bill of Lading is governed by the law of Israel and any claim of dispute arising hereunder or on connection herewith shall be determined by the courts in Haifa and no other Courts.

(Terms to continue on back nereof)

Excess value declaration refer to clause 6 (4) (B) + (C) on reverse side.

Shippe	ed on board	Freight payable at	Place and date issue	
Date	Signed by	The second of th		
23/03/23		Number phylipinal Bs/L	Signature	23/03/23



5929100527USA5703144M2901226295686193<371824

שים לב - פרט לחתימה אינך רשאי לרשום בעצמך דבר בתעורה זו

	יהשם במלואו או השם הקודם
*Name in full or former name	
Maiden name	שק נעורים
Travel document valid for All countri	es תעודת המעבר תקפה ל' כל הארצות
	חתימת בעל תעודת המעבר
bearer	
Signature of bearer On receipt of Travel Document - sign here	המעבר



PPISRMAIER<<GADI<<<<<<<<<>29446746<41SR5703144M22042483<3270557<3<<<58



PACKING INVENTORY

Shipper Name:

MAIER GADI

Packing Job Date: Origin Address: 26 Feb 2023 Israel

Destination Address:

United States



Packed Items

ackage	# Item	Comment	Wrapping	Room
	Bookcase		Wrapped	
	sofa		Wrapped	
	chair legs		Wrapped	
	shelves		Wrapped	ļ
	Sofa Pillows		Wrapped	ļ
	glases		Wrapped	
	Sofa Pillows		Wrapped	
	bicycle parts		Wrapped	
	Ladder		Wrapped	
0	lamp		Wrapped	
1	Cupboard		Wrapped	
2	Ladder		Wrapped	
3	carpet		Wrapped	
4	carpet		Wrapped	
5	lamp		Wrapped	
6	sofa		Wrapped	
7	BBQ Grill		Wrapped	
8	Coffee Table		Wrapped	
9	Chair		Wrapped	
0	Table		Wrapped	
1	Table		Wrapped	
2	tools		Wrapped	
.3	Speaker		Wrapped	
24	Kitchen		Wrapped	
25	Kitchen		Wrapped	
26	Kitchen		Wrapped	
27	Kitchen		Wrapped	
28	Kitchen		Wrapped	
29	Kitchen		Wrapped	
30	Kitchen		Wrapped	
31	Speaker		Wrapped	

Shipper Signature on packing	Shipper	Signature	on	packing
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Shipper:MAIER GADI

Foreman Signature on packing



Foreman: max glazer

A. Univers Transit Ltd.

Shipper Signature on delivery	Delivery Driver Signature
	······································
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•	••
17	
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fi	**
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• 75	::
L	
	22

Company:



Total Number of Packages: 31

:

Used Boxes Count

Box Type	Quantity
	14
Wrapped	17

Shipper Signature on packing

Shipper:MAIER GADI

Foreman Signature on packing

coon

Foreman: max glaze

A. Univers Transit Ltd.

Delivery Driver Signature

ii
ii
•
•
••
••
11
**
31°

Name:

Name:_____

Date _____

Company:_____

ISF Information

ISF Number MSW-97149851876	Reference Number 307128	·		ISF Type ISF-10	
Importer	1		Consignee		
Shipment Type 03 - Household Goods/Perso	nal Effects				
		4	Time Accepted 3/21/23 12:23:43 A	.M	
Bills of Lading					
	ransportation: Vessel	. Contain	er	Master Bill: ME	DU HH782177
Bill Type	Bill Number	,		Bill on Fil	
House Bill	SMRK 2044715			Yes	
Tioddo Bill	GWII (17 20 177 10			100	
Selling Party					
MAIER GADI					
Street Number: 7	ACABEE				
Street Name: YEHUDA HAM TEL AVIV, IL	ACABEE				
TEL AVIV, IE		<u> </u>			
Buying Party					
MAIER GADI					
Street Number: 11609					
Street Name: N 84TH STRE					
SCOTTSDALE, AZ 85260, U	IS	*1			
Ship to Party					
MAIER GADI					
Street Number: 11609					
Street Name: N 84TH STRE SCOTTSDALE, AZ 85260, U					
300113DALE, AZ 03200, C	13				
Container Stuffing Locatio	n				
OVERSEAS COMMERCE					
Street Number: 3					
Street Name: HANOFAR					
HAIFA, IL					
Consolidator					
OSHFIR IMPORT & EXPOR	т				
Street Number: 5					
Street Name: PAL - YAM BL	V.				
HAIFA, IL					
Manufacturer					
MAIER GADI	2				
Street Number: 7	AACADEE				
Street Name: YEHUDA HAN TEL AVIV, IL	MAUADEE				
			Toriff Number	Country of Origin	
Part Number			Tariff Number	Country of Origin	
			980400	IL	
<u> </u>					
Consignee					



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

OMB APPROVAL NO. 1651-0014 EXPIRES: 11-30-2022

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.

U.S. Customs and Border Protection, Office of Re	egulations and Rulings,	10th floor, 90l	K Street	NE., Washington DC 20	0229-1177.			
PART I TO BE COMPLETED BY ALL F assistance. REMEMBERAll of your state								
IMPORTER'S NAME (Last, first and middle initial)				IMPORTER'S DAT	E OF BIRTH	IMPOR	RTER'S DATE	OF ARRIVAL
Gadi Maier				03/14/1957 3/1/2023				
IMPORTER'S U.S. ADDRESS				IMPORTER'S PORT OF ARRIVAL				
11609 N 84th Street			-	San Francisc				
Scottsdale, Arizona 85260				NAME OF ARRIVI UA 955	NG VESSEL CA	RRIER AN	D FLIGHT/TR.	AIN
NAME(S) OF ACCOMPANYING HOUSE	HOLD MEMBERS (w	rife, husband	d, mino	children, etc.)				
None								
THE ARTICLES FOR WHICH	DATE	NAME (OF VES	SEL/CARRIER	FROM (Count	ry)	B/L OR AW	/B OR I.T. NO.
FREE ENTRY IS CLAIMED BELONG TO ME AND/OR MY								
FAMILY AND WERE IMPORTED								
NUMBER AND KINDS OF CONTAINERS		MARKS	S AND I	NUMBERS				
PART II - TO BE COMPLETED BY ALL	PERSONS EXCEPT	U.S. PERS	ONNEL	AND EVACUEES				
RESIDENCY ("X" appropriate box)			250525	IE OF COUNTRY	li ovi	55.762	H OF TIME	strati
I declare that my place of residence abro		was 🔻	Isra	el		12	Yr.	Mo.
C. RESIDENCY STATUS UPON MY/OUF								
(1) Returning resident of the U.S.	(2) Nonresident:	Tribert Co.	_		. Visiting the U.			
STATEMENT(S) OF ELIGIBILITY FOR FRE		LES. I the ur	ndersign				submit packing	g list) :
A. Applicable to RESIDENT and NONF (1) All household effects acquired all	proad for which free	entry is soug	ght	C. Applicable to I	hold effects acquired abroad for at least	ired abroa	d for which free	e entry is sought
were used abroad for at least one household of which I or my family			such	household	of which I or my	family wa	s a resident me	ember durina
period of use, and are not intend	ed for any other pers	on or for sal	le.	such perio	od of use, and are	e not inten	ded for any oth	er person or for
(9804.00.05, HTSUSA) (2) All instruments, implements, or to	ools of trade, occupa	tion or empl	loyment		les, trailers, bicyc	SHIPS) 553	er means of co	nveyance being
and all professional books for wh abroad by me or for my account used them abroad. (9804.00.10,	ich free entry is soug or I am an emigrant v	tht were take who owned a	en	imported a incidental	are for the transponder carriage of article veyance. (9804.	es as are a	ppropriate to r	
B. Applicable to RESIDENT ONLY								
	ntry is sought were t	aken abroad	d by					
me or for my account. (9804.00.45, I	HTSUSA)	anon abroa	u by					
PART III TO BE COMPLETED BY U.S	DERSONNEL AND	EVACUEE	SONIN	ANNUSAUSVISHALIA			The state of the state of	A PORT IN TO LINE
Day Walliages / P. E. St. St. St. St. St. St. St. St. St. St					to for which for a	andre in al	alanad basabu	andifuthat that
I, the undersigned, the owner, importer, owere in direct personal possession of the	or agent of the impor	ter of the pe	ersonai importe	and nousenoid effec r's family residing wi	th the importer, v	while abroa	aimed, nereby	v were imported
into the United States because of the ter	mination of assignm	ent to exter	nded du	ity (as defined in se	ction 148.74(d) o	of the Cust	toms Regulation	ons) at a post or
station outside the United States and the United States; and that they are not import	CBP Territory of th	e United Sta	ates, or	because of Govern	ment orders or in	structions	evacuating the	e importer to the
Free entry for these effects is claimed und	der Subheading No.	9805.00.50,	Harmo	nized Tariff Schedule	e of the United St	tates.	alconolic beve	rages or olgars.
DATE OF IMPORTER'S LAST DEPARTUR				IMPORTER'S TRAVEL			THE ORDERS	WERE ISSUED ON:
		10 FDF= =	MEDIC	DE ADTIQUES (S.	ata autota	h a	to dotte a di	othor
PART IV TO BE COMPLETED BY AL requirements and must be specifically de	L PERSONS SEEKII	NG FREE E	niky	e items and list them	tain articles may n separately in ite	m D on the	to duty and/or e reverse.)	otner
A. For U.S. Personnel. Evacuees. Res	TO THE REAL PROPERTY OF THE PERSON NAMED IN			r Residents and No				
						torman oraș		11 - #- 1
of other person.	 Articles for sale c commercial use. 			 Foreign househol acquired abroad a than one year. 		⊐ ad	reign househo cquired abroad an one year.	l and used more
(-)	 Alcoholic articles types or tobacco 			r Resident ONLY				
ammunition.		11 1 520		Personal effects a	acquired abroad.			
(5) Fruits, plants, seeds, meats, or birds.	(6) Fish, wildlife, ani products thereof			10) Foreign made art this trip or acqui				n abroad on sly declared to CBP
			V (11) Articles taken abr	oad for which alte	rations or re	enairs were ner	formed abroad

D. LIST OF ARTICLES			
(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OF 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.
11	Furniture and household belonging Kitchenware, sheets, pillows	s N/A	100% of shipment was bought in USA and used in residence and now being returned to USA
	4		
3			
The undersigned carrier, 1., is the owner or consig	nee of such articles within the purview of section 484	(h), Tariff Act of 193	
In accordance with provis . NAME OF CARRIER	sions of section 484(h), Tariff Act of 1930, authority is	shereby given to rele SIGNATUR	E OF AGENT (Print and sign LAST,FIRST, M.I.)
		Sign	Date
	TION TO BE COMPLETED BY ALL PERSONS SEE by that this declaration is correct and complete.	KING FREE ENTRY	
"X" One		B. Importer	
SIGNATURE (Sign in in	-110		3/1/2023
*An Authorized Agent is of declaration (see 19 CFR PART VII CBP (Inspected and	141.19, 141.32, 141.33). USE ONLY SIGNATURE OF CBP OFFICE		ecifically empowered under a power of attorney to execute this DATE

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

POWER OF ATTORNEY

19 CFR 141.32

Check appropriate box: X Individual Partnership	☐ Corporation ☐ Sole Proprietorship
KNOW ALL MEN BY THESE PRESENTS:	
That Gadi Maier	
(Full Name of person, partnership, or corp	poration, or sole proprietorship; identify)
a corporation doing business under the laws of the State of	or a Individual
doing business as Self residing a	t 418 La Calle Corte, Pacific Grove, CA.
, her	reby constitutes and appoints each of the following persons
(Give full name of eac	ch agent designated)
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 the date and in CBP Port and in no other name, top make endorse, sign declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, 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;	other means of 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
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, IN WITNESS WHEREOF, the said Gadi Maier	or effect after the expiration of 2 years from the date of its receipt in the office of the Port Director of CBP of the said port.
Has caused these presents to be sealed and signed: (Signatu	
(Capacity)	(Date)
WITNESS:	

INDIVIDUAL OR PARTNERSHIP CERTIFICATION * (Optional)

CITY	<u>1</u>	
COUNTY		
STATE		
On this day of , 20		efore me
	, personally known or su	ufficiently identified to me, who certifies
that	(is)	(are) the individual(s) who executed the
foregoing instrument and acknowledged it to be	(Notary Public)	free act and deed.
I,		, certify that I am the
organized under the laws of the State of	that	, who
signed this power of attorney on behalf of the donor	r, is the	of said
corporation; and that said power of attorney was du	lly signed, sealed, and atteste	d for and on behalf of said corporation by
authority of its governing body as the same appears	s in a resolution of the Board	of Directors passed at a regular meeting
held on the day of	, now in my posse	ession or custody. I further certify that the
resolution is in accordance with the articles of incor	rporation and bylaws of said o	orporation.
IN WITNESS WHEREOF, I have hereunto s	et my hand and affixed the se	al of said corporation, at the City of
	this day of	, 20
(Signature)	_	(Date)
(Olghatalo)		(Date)

If the corporation has no corporate seal, the fact shall be stated, in which case a scroll or adhesive shall appear in the appropriate, designated place.

U.S. Customs and Border Protection powers of attorney of residents (including resident corporations) shall be without power of substitution except for the purpose of executing shipper's export declaration. However, a power of attorney executed in a favor of a licensed customhouse broker may specify that he power of attorney is granted to the customhouse broker to act through any of its licensed officers or any employee specifically authorized to act for such customhouse broker by power of attorney.

NOTE: The corporate seal may be omitted. CBP does not require completion of a certification. The grantor has the option of executing the certification or omitting it.

TREASURY DEPARTMENT U.S. CUSTOMS SERVICE

SUPPLEMENTAL DECLARATION FOR UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. OWNER OF HOUSEHOLD GOODS (Last name, first, and middle) Maier, Gadi	
2. DATE OF BIRTH 3/14/1957	3. CITIZENSHIP USA
4. PASSPORT (Country and number) USA 59291	0052
5. SOCIAL SECURITY NUMBER 550330532	6. RESIDENT ALIEN NO.
7. U.S. ADDRESS 418 La Calle Corte	10. EMPLOYER BRM Capital
Pacific Grove, CA 93950	
	11. POSITION WITH COMPANY Operations Executive
8. FOREIGN ADDRESS 7/7 Yehuda HaMacabee,	
Tel Aviv, Israel 62669	12. LENGTH OF EMPLOYMENT 12 Years
#	
9. REASON FOR MOVING Retirement	13. NATURE OF BUSINESS High Tech Investments
	NAME AND TELEPHONE OF COMPANY OFFICIAL 14. WHO CAN VERIFY ABOVE INFORMATION
	Liran Solomon, +972. 50.2020124
NAME AND ADDRESS OF FREIGHT FORWARDERS, 15. PACKERS AND SHIPPING AGENTS	
IO. I AGRETO AND GIM PING AGENTS	
3	
SHIPMENT ITINERARY 16. PACKERS AND SHIPPING AGENTS	
16. PACKERS AND SHIPPING AGENTS	
	1
17. CERTIFICATION A. Authorization Agent	B. Importer (check one)
18. SIGNATURE	en needle de Santan en 115