



PACKING INVENTORY

Shipper Name: SHAMIR SHMUEL GELLER
 Packing Job Date: 31 May 2023
 Origin Address: Israel
 Destination Address: United States



Packed Items

Package#	Item	Comment	Wrapping	Room
1	shelf		Wrapped	-----
2	Picture		Flat Box	-----
3	Picture		Flat Box	-----
4	Books		Book/Small Box	-----
5	Books		Book/Small Box	-----
6	Books		Book/Small Box	-----
7	Linen		Medium Box	-----
8	shelf		Wrapped	-----
9	Linen		Medium Box	-----
10	Books		Book/Small Box	-----
11	Books		Book/Small Box	-----
12	Books		Book/Small Box	-----
13	Kitchen		Wrapped	-----
14	night stand		Wrapped	-----
15	Office Chair		Wrapped	-----
16	Office Chair		Wrapped	-----
17	Kitchen		Wrapped	-----
18	Kitchen		Wrapped	-----
19	Guitar		Wrapped	-----
20	lamp		Wrapped	-----
21	carpet		Wrapped	-----
22	Pillows		Large Box	-----
23	Decorations		Wrapped	-----
24	Decorations		Wrapped	-----
25	lamp		Wrapped	-----
26	Kitchen		Wrapped	-----
27	Kitchen		Wrapped	-----
28	Kitchen		Wrapped	-----
29	Kitchen		Wrapped	-----
30	Kitchen		Wrapped	-----
31	Kitchen		Wrapped	-----
32	Kitchen		Wrapped	-----
33	Kitchen		Wrapped	-----

Shipper Signature on packing

Foreman Signature on packing

Shipper: SHAMIR SHMUEL GELLER

Foreman: max glazer
A. Univers Transit Ltd.

Shipper Signature on delivery

Delivery Driver Signature

Name: _____

Date: _____

Name: _____

Company: _____



34	Kitchen		Wrapped	-----
35	Kitchen		Wrapped	-----
36	Kitchen		Wrapped	-----
37	Kitchen		Wrapped	-----
38	Kitchen		Wrapped	-----
39	Chair, Arm		Wrapped	-----
40	Chair, Arm		Wrapped	-----
41	Chair, Arm		Wrapped	-----
42	Chair		Wrapped	-----
43	Chair		Wrapped	-----
44	Chair		Wrapped	-----
45	Chair		Wrapped	-----
46	Chair		Wrapped	-----
47	Chair		Wrapped	-----
48	Chair		Wrapped	-----
49	Chair		Wrapped	-----
50	Chair		Wrapped	-----
51	Chair		Wrapped	-----
52	Picture		Wrapped	-----
53	Picture		Flat Box	-----
54	Picture		Flat Box	-----
55	Mirror		Flat Box	-----
56	Mirror		Wrapped	-----
57	Books		Wrapped	-----
58	Coffee Table		Book/Small Box	-----
59	Coffee Table		Wrapped	-----
60	Kitchen		Wrapped	-----
61	Kitchen		Wrapped	-----
62	Kitchen		Wrapped	-----
63	Kitchen		Wrapped	-----
64	Kitchen		Wrapped	-----
65	Kitchen		Wrapped	-----
66	Kitchen		Wrapped	-----
67	Kitchen		Wrapped	-----
68	Kitchen		Wrapped	-----
69	Kitchen		Wrapped	-----
70	Kitchen		Wrapped	-----
71	Kitchen		Wrapped	-----
72	Kitchen		Wrapped	-----
73	Kitchen		Wrapped	-----
74	Kitchen		Wrapped	-----
75	Decorations		Wrapped	-----
76	lamp		Wrapped	-----
77	cabinet		Wrapped	-----
78	Mirror		Wrapped	-----
79	cabinet		Wrapped	-----
80	Dresser		Wrapped	-----
81	Kitchen		Wrapped	-----
82	Kitchen		Wrapped	-----
83	Picture		Flat Box	-----

Shipper Signature on packing

Shipper: SHAMIR SHMUEL GELLER

Foreman Signature on packing

Foreman: max glazer

A. Univers Transit Ltd.

Shipper Signature on delivery

Name: _____

Date _____

Delivery Driver Signature

Name: _____

Company: _____



A. UNIVERS TRANSIT LTD.

Because we care...

84	Mirror		Wrapped	-----
85	Picture		Flat Box	-----
86	Picture		Flat Box	-----
87	Kitchen		Wrapped	-----
88	Kitchen		Wrapped	-----
89	Kitchen		Wrapped	-----
90	Kitchen		Wrapped	-----

Total Number of Packages: 90

Used Boxes Count

Box Type	Quantity
-----	19
Book/Small Box	7
Large Box	1
Medium Box	2
Flat Box	8
Wrapped	53

Shipper Signature on packing

Shipper: SHAMIR SHMUEL GELLER

Foreman Signature on packing

Foreman: max glazer

A. Univers Transit Ltd.

Shipper Signature on delivery

Name: _____

Date _____

Delivery Driver Signature

Name: _____

Company: _____

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 each 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.



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) Shamir Shmuel Geller		2. IMPORTER'S DATE OF BIRTH 2/27/1979	3. IMPORTER'S DATE OF ARRIVAL 3/29/2023
4. IMPORTER'S U.S. ADDRESS 345 East 68th St. Apt. 2FG New York, NY 10065 USA		5. IMPORTER'S PORT OF ARRIVAL Newark airport	
6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN OS860 from Vienna (Austrian Airlines)			
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) Wife : Yael Shuv-Ami Geller, 3 Children: Noam, Yonatan, Mia			
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)
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 type="checkbox"/> is <input checked="" type="checkbox"/> was		A. NAME OF COUNTRY ISRAEL	B. LENGTH OF TIME 44 Yr. Mo.
C. RESIDENCY STATUS UPON MY/OUR ARRIVAL ("X" One) <input type="checkbox"/> (1) Returning resident of the U.S. <input checked="" type="checkbox"/> (2) Nonresident: <input checked="" 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) :

<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 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>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:
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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> <input type="checkbox"/> (1) Articles for the account of other person. <input type="checkbox"/> (2) Articles for sale or commercial use. <input type="checkbox"/> (3) Firearms and/or ammunition. <input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products. <input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds. <input type="checkbox"/> (6) Fish, wildlife, animal products thereof.		<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) Shamir Shmuel Geller
(Full name of Shipper)

Residing at (X) 345 East 68th St. Apt. 2FG New York, NY 10065 USA
(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) Shamir Shmuel Geller
(Full name of shipper)

has caused these presents to be signed (X)  DATE (X) 5/22/2023
(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) <u>Shamir Shmuel Geller</u>	
2. Date of Birth <u>2/27/1979</u>	3. Citizenship <u>ISRAELI</u>
4. Passport (Country and Number) <u>36774047</u>	
5. Social Security No. <u>822-54-0590</u>	6. Resident Alien No. _____
7. U.S. Address <u>345 East 68th St. Apt. 2FG New York, NY 10065 USA</u>	10. Employer <u>Memorial Sloan Kettering Cancer Center, New York</u>
8. Foreign Address <u>6 Manne St. Apt 3 Tel Aviv Israel</u>	11. Position with Company <u>Associate Attending Physician</u>
9. Reason for Moving <u>New position as an attending MD at the cancer center (MSK)</u>	12. Length of Employment <u>Indefinite</u>
	13. Nature of Business <u>Dermatology (skin cancer care and research)</u>
	14. Name and Telephone of Company Official Who Can Verify Above Information <u>646-608-2301</u>
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></u>	Date <u>5/22/2023</u>

ISF Information

ISF Number MSW-69270070530	Reference Number 307189	ISF Type ISF-10
Importer		Consignee
Shipment Type 03 - Household Goods/Personal Effects		
		Time Accepted 7/15/23 3:44:45 PM

Bills of Lading		
Carrier:	Mode of Transportation: Vessel, Container	Master Bill: ONEY HFAD01589400
Bill Type	Bill Number	Bill on File
House Bill	ONEY HFAD01589A01	Yes

Selling Party
GELLER SHAMIR Street Number: 6 Street Name: MANA TELAVIV, IL

Buying Party
GELLER SHAMIR Street Number: 345 Street Name: EAST 68TH ST NEW YORK, NY 10065, US

Ship to Party
GELLER SHAMIR Street Number: 345 Street Name: EAST 68TH ST NEW YORK, NY 10065, US

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

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

Manufacturer		
GELLER SHAMIR Street Number: 6 Street Name: MANA TELAVIV, IL		
Part Number	Tariff Number	Country of Origin
	980400	IL

Consignee
GELLER SHAMIR S
DUNS/DUNS+4: 36774047