



PACKING INVENTORY

Shipper Name: TALBY ADI
 Packing Job Date: 10 May 2023
 Origin Address: Israel
 Destination Address: United States



Packed Items

| Package# | Item | Comment | Wrapping | Room |
|----------|------------------|---------|----------------|-------|
| 1 | Chest | | Wrapped | ----- |
| 2 | Clothes | | Medium Box | ----- |
| 3 | Bags | | Medium Box | ----- |
| 4 | lamp | | Wrapped | ----- |
| 5 | Toys | | Large Box | ----- |
| 6 | massage staff | | Wrapped | ----- |
| 7 | Kitchen | | Wrapped | ----- |
| 8 | table massage | | Wrapped | ----- |
| 9 | Toys | | Large Box | ----- |
| 10 | Decorations | | Wrapped | ----- |
| 11 | Kitchen | | Wrapped | ----- |
| 12 | Kitchen | | Wrapped | ----- |
| 13 | Books | | Book/Small Box | ----- |
| 14 | Kitchen | | Wrapped | ----- |
| 15 | Kitchen | | Wrapped | ----- |
| 16 | Books | | Book/Small Box | ----- |
| 17 | Kitchen | | Wrapped | ----- |
| 18 | Clothes | | Medium Box | ----- |
| 19 | lamp | | Wrapped | ----- |
| 20 | Bench | | Wrapped | ----- |
| 21 | chair piano | | Wrapped | ----- |
| 22 | Kitchen | | Wrapped | ----- |
| 23 | Kitchen | | Wrapped | ----- |
| 24 | Decorations | | Wrapped | ----- |
| 25 | Sports Equipment | | Wrapped | ----- |
| 26 | Sports Equipment | | Wrapped | ----- |
| 27 | Clothes | | Medium Box | ----- |
| 28 | Linen | | Medium Box | ----- |
| 29 | Sewing Machine | | Wrapped | ----- |
| 30 | Clothes | | Medium Box | ----- |

Total Number of Packages: 30

Shipper Signature on packing

Shipper: TALBY ADI

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...

Used Boxes Count

| Box Type | Quantity |
|----------------|----------|
| ----- | 5 |
| Book/Small Box | 2 |
| Large Box | 2 |
| Medium Box | 6 |
| Wrapped | 15 |

Shipper Signature on packing

Shipper: TALBY ADI

Foreman Signature on packing

Foreman: max glazer
A. Univers Transit Ltd.

Shipper Signature on delivery

Name: _____

Date: _____

Delivery Driver Signature

Name: _____

Company: _____

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

1. Owner of Household Goods (Last, first and middle) TALBY AOI

2. Date of Birth APRIL 2 1979 | 3. Citizenship ISRAELI + USA

4. Passport (Country and Number) USA-506367686 ISRAEL-30548713

5. Social Security No. 609-69-4021 | 6. Resident Alien No. NA

7. U.S. Address 9584 STATE ROUTE 22 | 10. Employer NA
HILLSDALE NY, 12529

11. Position with Company NA

8. Foreign Address NA

12. Length of Employment NA

13. Nature of Business NA

9. Reason for Moving FAMILY

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

5. Name and Address of Freight Forwarders
Packers and Shipping Agents

6. Shipment Itinerary
(specify place of loading and intermediate ports)

Certification
The undersigned, certify that this declaration is correct and complete

A. Authorized Agent (from facts obtained from the importer)

B. Importer
Signature [Signature] Date JUNE 5, 20

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. |
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PART V – CARRIER'S CERTIFICATE AND RELEASE ORDER

The undersigned carrier, to whom of upon whose order the articles described in PART I, 8., must be released, hereby certifies that the person named in Part I, 1., is the owner or consignee of such articles within the purview of section 484(h), Tariff Act of 1930.

In accordance with provisions of section 484(h), Tariff Act of 1930, authority is hereby given to release the articles to such consignee.

| | |
|--------------------|--|
| 1. NAME OF CARRIER | 2. SIGNATURE OF AGENT (Print and sign) Print _____ Sign _____ Date _____ |
|--------------------|--|

PART VI – CERTIFICATION TO BE COMPLETED BY ALL PERSONS SEEKING FREE ENTRY

I, the undersigned, certify that this declaration is correct and complete.

1. "X" One
 A. Authorized Agent* (From facts obtained from the importer) B. Importer

| | |
|--|------------------------|
| 2. SIGNATURE (Sign in ink)  | 3. DATE JUNE 5 2023 |
|--|------------------------|

*An Authorized Agent is defined as a person who has actual knowledge of the facts and who is specifically empowered under a power of attorney to execute this declaration (see 19 CFR 141.19, 141.32, 141.33).

| | | |
|--|--|---------|
| PART VII – CBP USE ONLY (Inspected and Released) | 1. SIGNATURE OF CBP OFFICIAL (Sign in ink) | 2. DATE |
|--|--|---------|

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) TALBY ADI
(Full name of Shipper)

Residing at (X) _____
(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) TALBY ADI
(Full name of shipper)

has caused these presents to be signed (X) _____ DATE (X) JUNE 5 202
(Signature of Shipper)

WITNESSED BY (X) Arthur Gottheim _____
(Witness name) (Witness Signature)



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) TALBY AOI | | 2. IMPORTER'S DATE OF BIRTH APRIL 2 1979 | 3. IMPORTER'S DATE OF ARRIVAL MAY 19 2023 |
| 4. IMPORTER'S U.S. ADDRESS 9584 STATE ROUTE 22, HILLSDALE NY 12529 | | 5. IMPORTER'S PORT OF ARRIVAL NEWARK AIRPORT | |
| 6. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) HUSBAND - AVRAHAMY CHAGAY ELAZAR CHILD - AVRAHAMY BERI | | 6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN UNITED - FLIGHT UA91 | |
| 7. 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) |
| 8. 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 Yr. 9 Mo. - |
| 10. 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 | C. Applicable to NONRESIDENT ONLY |
| <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"/> (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) | <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 checked="" 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 |
|--|--|

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

ISF Information

| | | |
|--|----------------------------|-------------------------------------|
| ISF Number MSW-78854735858 | Reference Number 307173 | ISF Type ISF-10 |
| Importer | | Consignee |
| Shipment Type 03 - Household Goods/Personal Effects | | |
| | | Time Accepted 7/15/23 3:57:41 PM |

| | | |
|------------------------|---|--------------------------------|
| Bills of Lading | | |
| Carrier: | Mode of Transportation: Vessel, Container | Master Bill: ONEY HFAD01589400 |
| Bill Type | Bill Number | Bill on File |
| House Bill | ONEY HFAD01589A02 | Yes |

| | |
|---|--|
| Selling Party | |
| TALBY ADI Street Number: 22 Street Name: HA PUL ABU GOSH, IL | |

| | |
|--|--|
| Buying Party | |
| TALBY ADI Street Number: 9584 Street Name: STATE ROUTE 22 HILLSDALE, NY 12529, US | |

| | |
|--|--|
| Ship to Party | |
| TALBY ADI Street Number: 9584 Street Name: STATE ROUTE 22 HILLSDALE, NY 12529, 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 | | |
| TALBY ADI Street Number: 22 Street Name: HA PUL ABU GOSH, IL | | |
| Part Number | Tariff Number | Country of Origin |
| | 980400 | IL |

| | |
|------------------|-----------------------|
| Consignee | |
| TALBY ADI | DUNS/DUNS+4: 30548713 |