

Shipper

MORAN ABRAHAM
YONA 16
RAMAT GAN

LINER BILL OF LADING
COFY NON-NEGOTIABLE

SMRK 2047103
Reference No.

4022626

Consignee

KEINAN ORNA
4504 VANALDEN AVE.
TARZANA , CA 91356 USA
P: +1 213 304 2708
E: MARK@RAINIEROS.COM

Notify address



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

For delivery apply to:

RAINIER OVERSEAS MOVERS, INC
7003 132MD PL SE STE.200
NEWCASTLE, WA 98059

MARK@RAINIEROS.COM

Pre-carrier by: 530-325-7141 Place of receipt by pre-carrier*

Vessel: Port of loading

MSC CARMEN V434 HAIFA, ISRAEL
Port of discharge: Place of delivery by on carrier*

SEAMAR FREIGHT INTERNATIONAL**
167-14 146 ROAD,
JAMAICA, NY 11434 USA
TEL:718-5535333 FAX:718-5530708

NEW YORK LOS ANGELES, CA

Marks and Nos.

Number and kind of packages; description of goods

Gross weight

Measurement

KEINAN	2 PACKAGES	SLAC: 2 PKGS USED HOUSEHOLD GOOD HS CODE 6309.00	244.00	2.050
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EXPRESS B/L

Copy for testing

Particulars furnished by the Merchant

Freight details, charges ets.

Stuft.Cont.No. CAIU-378048-0
CFS

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 if 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 hereof)

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

Shipped on board Date	Signed by	Freight payable at	Place and date issue
01/02/24		Number of original Bs/L PREPAID	Signature 01/02/24



PACKING INVENTORY

Shipper Name: MORAN ABRAHAM
 Packing Job Date: 16 Jan 2024
 Origin Address: Israel
 Destination Address: United States



Packed Items

Package#	Item	Comment	Wrapping	Room
1	Newspaper		Wrapped	-----
2	Newspaper		Wrapped	-----
3	Picture		Wrapped	-----
	Decorations			
4	Decorations		Wrapped	-----
5	Decorations		Wrapped	-----
6	Decorations		Wrapped	-----
7	Decorations		Wrapped	-----
8	Picture		Flat Box	-----
9	Picture		Flat Box	-----
10	Picture		Flat Box	-----
11	Picture		Flat Box	-----
12	Picture		Flat Box	-----
13	Picture		Flat Box	-----
14	Picture		Flat Box	-----
15	Chess Board		Wrapped	-----

Total Number of Packages: 15

Used Boxes Count

Box Type	Quantity
Flat Box	7
Wrapped	8

Shipper Signature on packing

Shipper: MORAN ABRAHAM

16 Jan 2024

Foreman Signature on packing

Foreman: Ilya Musienko

A. Univers Transit Ltd.

Shipper Signature on delivery

Name: _____

Date: _____

Delivery Driver Signature

Name: _____

Company: _____

ISF Information

ISF Number MSW-68321324355	Reference Number 307448	ISF Type ISF-10
Importer		Consignee
Shipment Type 03 - Household Goods/Personal Effects		
		Time Accepted 2/5/24 2:55:42 AM

Bills of Lading		
Carrier:	Mode of Transportation: Vessel, Container	Master Bill: MEDU H6067423
Bill Type	Bill Number	Bill on File
House Bill	SMRK 2047103	Yes

Selling Party
MORAN ABRAHAM Street Number: 16 Street Name: YONA RAMAT GAN, IL

Buying Party
KEINAN ORNA Street Number: 4504 Street Name: VANALDEN AVE TARZANA, CA 91356, US

Ship to Party
KEINAN ORNA Street Number: 4504 Street Name: VANALDEN AVE TARZANA, CA 91356, US

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

Consolidator
OSHFIR IMPORT & EXPORT Street Number: 5 Street Name: PAL - YAM BLV. HAIFA, IL

Manufacturer		
MORAN ABRAHAM Street Number: 16 Street Name: YONA RAMAT GAN, IL		
Part Number	Tariff Number	Country of Origin
	980400	IL

Consignee
KEINAN ORNA
DUNS/DUNS+4: 675271733



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) RENAN URMA	2. IMPORTER'S DATE OF BIRTH 11/19/1954	3. IMPORTER'S DATE OF ARRIVAL 5/25/2023
4. IMPORTER'S U.S. ADDRESS 4504 VANALDEN AVE. TARZANA CA 91356	5. IMPORTER'S PORT OF ARRIVAL LAX	
6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN LY 05		
7. NAME(S) OF ACCOMPANYING HOUSEHOLD MEMBERS (wife, husband, minor children, etc.) None		

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 **ISRAEL** A. NAME OF COUNTRY B. LENGTH OF TIME **25** Yr. **—** 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> <p><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)</p> <p><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> <p>B. Applicable to RESIDENT ONLY</p> <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)</p>	<p>C. Applicable to NONRESIDENT ONLY</p> <p><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)</p> <p><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>
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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> <p><input type="checkbox"/> (1) Articles for the account of other person.</p> <p><input type="checkbox"/> (2) Articles for sale or commercial use.</p> <p><input type="checkbox"/> (3) Firearms and/or ammunition.</p> <p><input type="checkbox"/> (4) Alcoholic articles of all types or tobacco products.</p> <p><input type="checkbox"/> (5) Fruits, plants, seeds, meats, or birds.</p> <p><input type="checkbox"/> (6) Fish, wildlife, animal products thereof.</p>	<p>B. For Residents and Non-Residents ONLY</p> <p><input checked="" type="checkbox"/> (7) Foreign household effects acquired abroad and used less than one year.</p> <p><input checked="" type="checkbox"/> (8) Foreign household effects acquired abroad and used more than one year.</p> <p>C. For Resident ONLY</p> <p><input checked="" type="checkbox"/> (9) Personal effects acquired abroad.</p> <p><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</p> <p><input type="checkbox"/> (11) Articles taken abroad for which alterations or repairs were performed abroad.</p>
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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) ORNA KENAN
(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, 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) _____
(Full name of shipper)

has caused these presents to be signed (X) [Signature] DATE (X) 1/25/2024
(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) KENAN ORNA

2. Date of Birth 1/14/1954 3. Citizenship USA

4. Passport (Country and Number) 675271733 USA

5. Social Security No. 607 09 1572 6. Resident Alien No. _____

7. U.S. Address 4504 Vanalden Ave 10. Employer _____
Tarzana, GA 91356
USA

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 [Handwritten Signature] Date 1/25/2021

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.