

Shipper  
HOLTZ ALICE  
SMOLANSKIN 5/8  
JERUSALEM

HOUSE BILL OF LADING # 307877  
A. UNIVERS TRANSIT LTD.  
\*\*\*\*\*  
ASHDOD 77140, ISRAEL  
TEL:972-8-8563145 FAX:972-8-8563387  
Web-Site: www.univers-transit.co.il

Consignee  
HOLTZ ALICE  
66 FORT WASHINGTON AVE  
NEW YORK, NY. 10032, USA  
T:212-927-4696  
PASSPORT# 679256844

RECEIVED in apparent good order and condition except as otherwise noted the total number of containers or other packages or units enumerated below.

Notify  
SCHUMACHER CARGO  
550 WEST 135 TH STREET  
GARDENA, CA 90248  
ERIKA\_T@SCLUSA.COM

FOR DELIVERY PLEASE APPLY TO:  
SCHUMACHER CARGO LOGISTICS  
550 WEST 135TH STREET  
GARDENA, CA 90248 U.S.A.

Vessel Port-of-Load.  
MSC MARIA ELENA 446 HAIFA

562-408-6677/ 800-599-019

Port-of-Discharge  
NEW YORK, NY

00-1-562-408-6636

Final-Destination Org/Cpy  
Freight payable at ORIGIN\ PP Bills of Lading: COPY

Marks & Numbers	Number	Kind	Descr. of Goods	Weight	Volume
	1	PACKAGES	SLAC: 12 PKGS USED USED HOUSEHOLD EXPRESS WAYBILL HS CODE: 9403.10  STUFFED INTO CONTAINER MSDU2932586 SEAL: 5118806	276	1.64
TOTAL	1		TOTAL	276.00	1.64

Remarks :  
307782 תיק חויב

04/12/24 A. UNIVERS TRANSIT  
Date Stamp & Signature





## PACKING INVENTORY

Shipper Name: HOLTZ ALICE  
 Packing Job Date: 25 Aug 2024  
 Origin Address: Israel  
 Destination Address: United States



### Packed Items

Package#	Item	Comment	Wrapping	Room
1	Books		Book/Small Box	-----
2	documents		Wrapped	-----
3	Misc.		Wrapped	-----
4	Books		Book/Small Box	-----
5	Books		Book/Small Box	-----
6	documents		Wrapped	-----
7	books		Wrapped	-----
8	books		Wrapped	-----
9	books		Wrapped	-----
10	accessories		Wrapped	-----
11	Clothes		Medium Box	-----
12	Clothes		Medium Box	-----

**Total Number of Packages: 12**

### Used Boxes Count

Box Type	Quantity
Book/Small Box	3
Medium Box	2
Wrapped	7

Shipper Signature on packing



Foreman Signature on packing



Shipper: HOLTZ ALICE

Foreman: Gil Wanderman || AUT

04 Nov 2024

A. Univers Transit Ltd.

Shipper Signature on delivery



Delivery Driver Signature



Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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 <sup>A, B</sup> 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.

NOT CLEAR  
BECAUSE  
NOT  
MORNING

May I say  
your items:  
listed were  
acquired in  
taken to K.C.  
and now be  
shipped back  
Some cloth  
officers and  
supplies are  
used in 15  
for 2/yr  
be a bridge  
U.S.

### 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.

**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) ALICE HOLTZ  
(Full name of Shipper)

Residing at (X) 60 FORT WASHINGTON AVENUE, APT. 3G, NEW YORK, NY 10032  
(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) ALICE HOLTZ  
(Full name of shipper)

has caused these presents to be signed (X) [Signature] DATE (X) 8/26/2024  
(Signature of Shipper)

WITNESSED BY (X) \_\_\_\_\_ (X) \_\_\_\_\_  
(Witness name) Witness Signature

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

FORM APPROVED OMB NO. 1651-0014

**DECLARATION FOR FREE ENTRY OF UNACCOMPANIED ARTICLES**

19 CFR 148.6, 148.52, 148.53, 148.77

PAPERWORK REDUCTION ACT NOTICE: This request is in accordance with the Paperwork Reduction Act. We ask for the information in order to carry out the laws and regulations administered by the CBP. These regulations and forms apply to importers to ensure that they are complying with the law and to allow us to figure, collect, or refund the right amount of duty and tax. It is mandatory. The estimated average burden associated with this collection of information is 10 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0014), Washington, DC 20503.

**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) <b>HOLTZ, ALICE</b>		2. IMPORTER'S DATE OF BIRTH <b>10 JANUARY 1952</b>	3. IMPORTER'S DATE OF ARRIVAL <b>19 AUGUST 2024</b>
4. IMPORTER'S U.S. ADDRESS <b>66 FULT WASHINGTON AVENUE, APT. 36 NEW YORK, NY 10032</b>		5. IMPORTER'S PORT OF ARRIVAL <b>JFK AIRPORT, NY, USA</b>	
6. NAME OF ARRIVING VESSEL CARRIER AND FLIGHT/TRAIN <b>EL AL LY007</b>			

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  **is**

A. NAME OF COUNTRY	B. LENGTH OF TIME
	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):

**A. Applicable to RESIDENT AND NONRESIDENT**

- (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)
- (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)

**B. Applicable to RESIDENT ONLY**

- All personal effects for which free entry is sought were taken abroad by me or for my account. (9804.00.45, HTSUSA)

**C. Applicable to NONRESIDENT ONLY**

- (1) All articles of apparel, personal adornment, toiletries and similar personal effects for which free entry is sought were actually owned by me and in the possession of myself, or those members of my family who accompanied me, at the time of departure to the United States and that they are appropriate and are intended for our personal use and not for any other person nor for sale. (9804.00.20 HTSUSA)
- (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)

**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**

- (1) Articles for the account of other persons.
- (2) Articles for sale or commercial use.
- (3) Firearms and/or ammunition.
- (4) Alcoholic articles of all types or tobacco products.
- (5) Fruits, plants, seeds, meats, or birds.
- (6) Fish, wildlife, animal products thereof.

**B. For Residents and Non-Residents ONLY**

- (7) Foreign household effects acquired abroad and used less than one year.
- (8) Foreign household effects acquired abroad and used more than one year.

**C. For Resident ONLY**

- (9) Personal effects acquired abroad.
  - (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.
  - (11) Articles taken abroad for which alterations or repairs were performed abroad.
- (Most items were acquired in US & sent to Isr; in 2010 when my parents made aliyah--applied both 9 & 10; now I am retrieving some of the items.)*

D. LIST OF ARTICLES

(1) ITEM NUMBER CHECKED IN PART IV, A., B., C.	(2) DESCRIPTION OF MERCHANDISE	(3) VALUE OR 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.
{OK to write, "SEE ATTACHED SHEETS ITEMIZING CONTENTS OF BOXES"?}			

DRAFT

**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 the 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) <span style="float: right;">Date</span>
--------------------	--

**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 	3. DATE <u>8/30/2024</u>
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\*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).

<b>PART VII -- CBP USE ONLY</b> (Inspected and Released)	1. SIGNATURE OF CBP OFFICIAL	2. DATE
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TREASURY DEPARTMENT  
U.S. CUSTOMS SERVICE  
SUPPLEMENTAL DECLARATION FOR  
UNACCOMPANIED PERSONAL AND HOUSEHOLD EFFECTS

1. Owner of Household Goods  
(Last, first and middle) HOLTZ, ALICE

2. Date of Birth 10 JANUARY 1952 | 3. Citizenship U.S.A.

4. Passport (Country and Number) U.S.A. 679256844

5. Social Security No. 084-44-0420 | 6. Resident Alien No.

7. U.S. Address 66 FORT WASHINGTON AVE, APT 36  
NEW YORK, NY 10032 | 10. Employer {I am currently unemployed}

8. Foreign Address {The Israeli address is now vacated, therefore no longer valid} | 11. Position with Company \_\_\_\_\_

12. Length of Employment \_\_\_\_\_ | 13. Nature of Business Biomedical Communications Consultant; regulatory medical writ educator; photographer

9. Reason for Moving I AM NOT MOVING; I AM RETURNING TO THE U.S. AFTER VISITING MY MOTHER WHO DIED A FEW DAYS AFTER MY ARRIVAL. I HAD TO VACATE HER RENTAL APARTMENT AND AM SHIPPING SOME OTHER POSSESSIONS BACK TO THE U.S. | 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 [Signature] | Date 8/30/2024



## ISF Information

ISF Number MSW-26393363957	Reference Number 307877	ISF Type ISF-10
Importer		Consignee
Shipment Type 03 - Household Goods/Personal Effects		
		Time Accepted 12/2/24 10:33:29 AM

<b>Bills of Lading</b>		
Carrier:	Mode of Transportation: Vessel, Container	
Bill Type	Bill Number	Bill on File
Straight/Regular/Simple Bill	MEDU H6360422	Yes

<b>Selling Party</b>
HOLTZ ALICE Street Number: 5 Street Name: SMOLANSKIN JERUSALEM, IL

<b>Buying Party</b>
HOLTZ ALICE Street Number: 66 Street Name: FORT WASHINGTON AVE NEW YORK, NY 10032, US

<b>Ship to Party</b>
HOLTZ ALICE Street Number: 66 Street Name: FORT WASHINGTON AVE NEW YORK, NY 10032, US

<b>Container Stuffing Location</b>
A. UNIVERS TRANSIT LTD Street Number: 14 Street Name: HADARIM ASHDOD, IL

<b>Consolidator</b>
A. UNIVERS TRANSIT LTD Street Number: 14 Street Name: HADARIM ASHDOD, IL

<b>Manufacturer</b>		
HOLTZ ALICE Street Number: 5 Street Name: SMOLANSKIN JERUSALEM, IL		
Part Number	Tariff Number	Country of Origin
	980400	IL

<b>Consignee</b>
HOLTZ ALICE
DUNS/DUNS+4: 679256844



A. UNIVERS TRANSIT LTD.

# CONTACT INFORMATION FORM

When you ask us to take care of your relocation we kindly request you to fill in this form and return it to us.

Client

ALICE HOLTZ

Account

Job number

Loading address / details

RECHOV SMOLENSKIN 5  
JERUSALEM  
ISRAEL

Address of destination / details

Not sure which address to put here. Please let me know approximately when the packages will arrive and I will be able to provide an address and someone to be contacted.

Phone 1

+1-603-991-3854

Phone 1

+1-603-991-3854

Phone 2

+1-212-927-4696

Phone 2

+1-212-927-4696

Phone cell

Both numbers above

Phone cell

Both numbers above

Facsimile

Facsimile

Email ( very important)

alizia1@aol.com

Email ( very important)

alizia1@aol.com

Date you depart from this address

8/19/2024

Date you arrive at this address

8/19/2024

It is very important that we ( or our agent) know where we can reach you during transit of your shipment. Please advise details below. You can, for instance, also give us the address of an employer or relatives where you will be staying.

Contact address / details 1)

{AH to complete}

Contact address / details 2)

{AH to complete}

Phone 1

Phone 1

Phone 2

Phone 2

Phone cell

Phone cell

Facsimile

Facsimile

Email ( very important)

Email ( very important)

We can reach you at this address from - till

We can reach you at this address from - till

Request date(s) of loading

LET'S DISCUSS

Timing of shipping of your goods

A.S.A.P. AFTER PACKING

AT MY CALL

ON A CERTAIN DATE:

Service requested

FULL-SERVICE INTO NEW RESIDENCE

Place

Date

Signature