

**IMPORTER SECURITY FILING (ISF)
INFORMATION SHEET**

Items 1-7 to be completed by shipper/agent & verified by ISF Filer:

(1) Seller Name and Address OMBRELLIFICIO ADRIAMARE DI [REDACTED] VIA TAMIGI 65016 MONTESILVANO (PE)	(2) Buyer Name and Address [REDACTED] 6100 RED HOOK QUARTERS SUITE B-3 00802 ST. THOMAS
(3) Consolidator (Stuffer) Name and Address CENTRAL SHIPPING AGENCY SPA VIA LUDOVICO DI BREME, 27 20156 MILANO	(4) Container Stuffing Location Name and Address CENTRAL SHIPPING AGENCY SPA VIA PAPA GIOVANNI XXIII, 2 20060 LISCATE (MI)

Per ISF Rule, HTSUS, Country of Origin and Manufacturer must be linked to one another at the line item level.

Add additional sheets for additional HTSUS numbers.

(5) Commodity, HTSUS Number(s) and Address	(6) Country of Origin	(7) Manufacturer Name and Address
	ITALY	OMBRELLIFICIO ADRIAMARE DI [REDACTED] VIA TAMIGI 65016 MONTESILVANO (PE)
(8) Importer of Record No.	(9) Consignee No.	

To be completed by forwarder/agent

House Bill of Lading	Master B/L#	Vessel Name	Voyage No.
IJ007956 (scac code SAIJ)	IT1560188 (scac code CMDU)	ROME EXPRESS	2F183W
Date of Departure	Port of Departure	Container Number	Loading Date
12/21/12	GENOA, ITALY	CAXU 976566/9	12/20/12

ISF Filer Information:

Date/Time Received _____

ISF Form Received By _____

Date/Time Proceeds _____

Confirmation # _____

This form must be completed in English and provided to us, no later than 72 hour prior to sailing.