						Form Approved. OMB No. 165	1-0010
						NO.	
		CEDTI	EICATE OF	REGISTRATION			
19 CFR 10.8, 10.9, 10.6, 148.1, 148.8, 148.32, 14	8, l8.37	(NOTE: Num Inquire a	nber of copies to be submi at Port Director's office as	itted varies with type of transaction. to number of copies required.)			
VIA (Carrier)				B/L or INSURED NO.		DATE	
NAME, ADDRESS, AND	ZIP CODE TO	WHICH CERTIFIE	D FORM IS TO BE	٨٥	OTICLES EVE	PORTED FOR:	
MAILED (If Applicable)	, Ell. 00DE 10	WINGIT OLIVINIE	D TOTAL	_			
				ALTERATION* REPAIR*		PROCESSING* OTHER, (specify)	
				USE ABROAD		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
				REPLACEMENT	-		
				* NOTE: The cost or va	alue of alter	ations, repairs, or processing CBP duty.	
					3 Subject to		
Number	I ki	nd of	LIST AR	TICLES EXPORTED			
Packages		kages		Descrip	Description		
SIGNATURE OF	OWNER OR AG	SENT (Print or Type	e and Sign)			DATE	
		()	3 /				
<u> </u>			The Above-D	Described Articles Were:			
EXAMINED				LADEN under my supervision			
DATE PORT				DATE	PORT		
SIGNATURE OF CBP OFFICER				SIGNATURE OF CBP OFFICER			
			CERTIFIC	CATE ON RETURN			
Duty-free entry is claime	d for the describ	oed articles as havi	ing been exported without	benefit of drawback and are returned	l unchanged e	except as noted: (use reverse if needed)	
N 016:11=1						Taure	
SIGNATURE OF	IMPORTER (Pr	int or Type <u>and</u> Sig	ın)			DATE	
7							
	NOTE:	Certifying office	ers shall draw lines ti	hrough all unused spaces with	ink or inde	lible pencil.	