TABS:

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

Form Approved
OMB No. 1515-0069

ENTRY/IMMEDIATE DELIVERY

ABI CERTIFIED

AIR EXPRESS

TEL: (b)(4) (b)(4)

19 CFR 142.3, 142.16, 142.22, 142.24

1. ARRIVAL DATE	2. ELECTED ENTRY DATE	3. ENTRY TYPE CODE/NAME	4. ENTRY NUMBER
100610		(b)(4)	112-9247186-3
5. PORT	**6. SINGLE TRANS. BOND**	**7. BROKER/IMPORTER FILE NUMBER**	
2095		(b)(4)	
	8. CONSIGNEE NUMBER		**9. IMPORTER NUMBER**
	NAME/ADDRESS		(b)(4)
10. ULTIMATE CONSIGNEE NAME		**11. IMPORTER OF RECORD NAME.**	
(b)(4)		(b)(4)	
12. CARRIER CODE	**13. VOYAGE/FLIGHT/TRIP**	**14. LOCATION OF GOODS-CODE(S)/NAME(S)**	
(b)(4)	(b)(4)	(b)(4)	
15. VESSEL CODE/NAME			
16. U.S. PORT OF UNLADING	**17. MANIFEST NUMBER**	**18. G.O. NUMBER**	**19. TOTAL VALUE**
2095			(b)(4)

20. DESCRIPTION OF MERCHANDISE

PHARMACEUTICALS NOT RESTRICTED

21. IT/BL/AWB CODE	22. IT/BL/AWB NO.	23. MANIFEST QUANTITY	24. H.S. NUMBER	25. COUNTRY OF ORIGIN	26. MANUFACTURER ID.
	TOTAL	(b)(4)	(b)(4)	GB	GBDREPHA176LON
M	02358508380				
H	688760418425				

27. CERTIFICATION

I hereby make application for entry/immediate delivery. I certify that the above information is accurate, the bond is sufficient, valid, and current, and that all requirements of 19 CFR Part 142 have been met.

SIGNATURE OF APPLICANT: (b)(7)(C)

PHONE NO.: (b)(4)

DATE: 10/07/10

28. BROKER OR OTHER GOVT. AGENCY USE

28. CUSTOMS USE ONLY

☐ OTHER AGENCY ACTION REQUIRED, NAMELY:

☐ CUSTOMS EXAMINATION REQUIRED.

☐ ENTRY REJECTED, BECAUSE:

DELIVERY AUTHORIZED:	SIGNATURE	DATE

Paperwork Reduction Act Notice: This information is needed to determine the admissibility of imports into the United States and to provide the necessary information for the examination of the cargo and to establish the liability for payment of duties and taxes. Your response is necessary.

Dream Pharma Ltd.

176 Horn Lane, Acton, London, W3 6PJ
Tel: 020 8992 7000 Fax: 020 8992 7001
E-Mail: info@dreampharma.com

Invoice Details

Number: 2682INV

Date: 06-10-2010

Address:
(b) (4)

Delivery Address:
(b) (4)

VAT no:
Purchase Order:

Currency: GBP - Pounds sterling
Heading: PHARMACEUTICALS NOT RESTRICTED

Order Details

Name/Description	Quantity	Price	Total
Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's Batch No: AW6022 EXP: 05/14	(b) (4)	(b) (4)	(b) (4)
Previous balance		(b) (4)	

Statement Details

Goods Total: (b) (4)	Subtotal: (b) (4)
Discount (%) (b) (4)	VAT (World Zero): (b) (4)
Deliver (b) (4)	Previous Balance: (b) (4)
Insurance (b) (4)	Total: (b) (4) GBP - Pounds sterling
	Payment Method: Prepayment Thank You

Shipping Details

Packing: one box	Gross Weight (Kg) (b) (4) Net Weight (Kg) (b) (4)
Tariff: (b) (4)	Carrier: (b) (4)
Declarations: We certify that this invoice is true and correct.	Matt Alavi, for Dream Pharma Ltd.

DREAM PHARMA LTD
176 Horn Lane
Acton, London W3 6PJ
Tel: 020-8992-7000
Fax: 020-8992-7001

Damage, shortage or leakage must be notified in writing to ourselves within 3 days. Non-Delivery within 14 days. Goods remain the property of Dream Pharma Ltd. Until full payment has been received. Subject to our standard conditions of sale. E&OE

Company Registration Number: (b) (4) VAT No. (b) (4)
Director: M. Alavi

ENTRY NUMBER: 112 9247186 3 PAGE: 1
AWB/BL NBR : (b)(4) INVOICE # 10/07/2010
LINE CONSOL. WORKSHEET 05:38 PM

ITEMS MARKED 1 C/O- GB LINE VALUE- GBP
TARIFF # (b)(4)
QTY 1: KG

(b)(4)			(b)(4)
**		**	
		****	

*** END OF REPORT ***

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AWB/BL NBR : (b)(4) INVOICE # 10/07/2010
SHIPPER : DREAM PHARMA LTD 05:38 PM

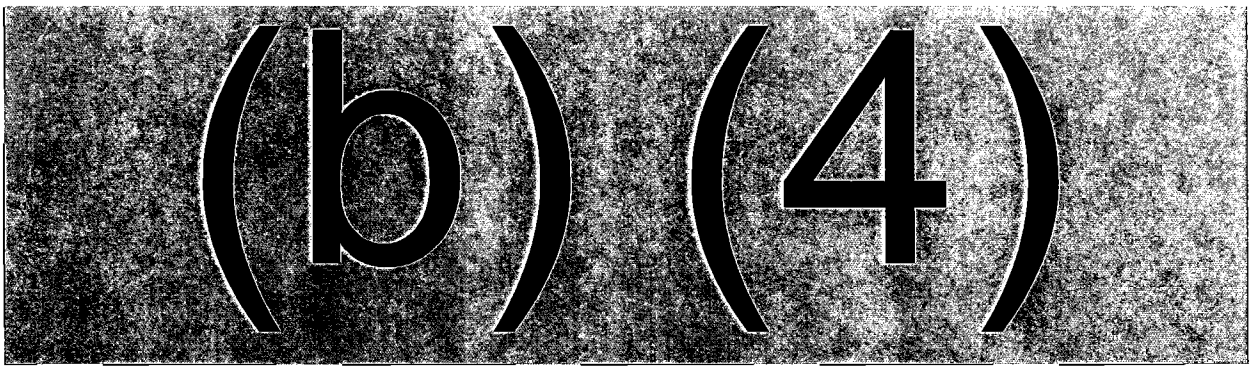
ITEM MARKED REFERENCE

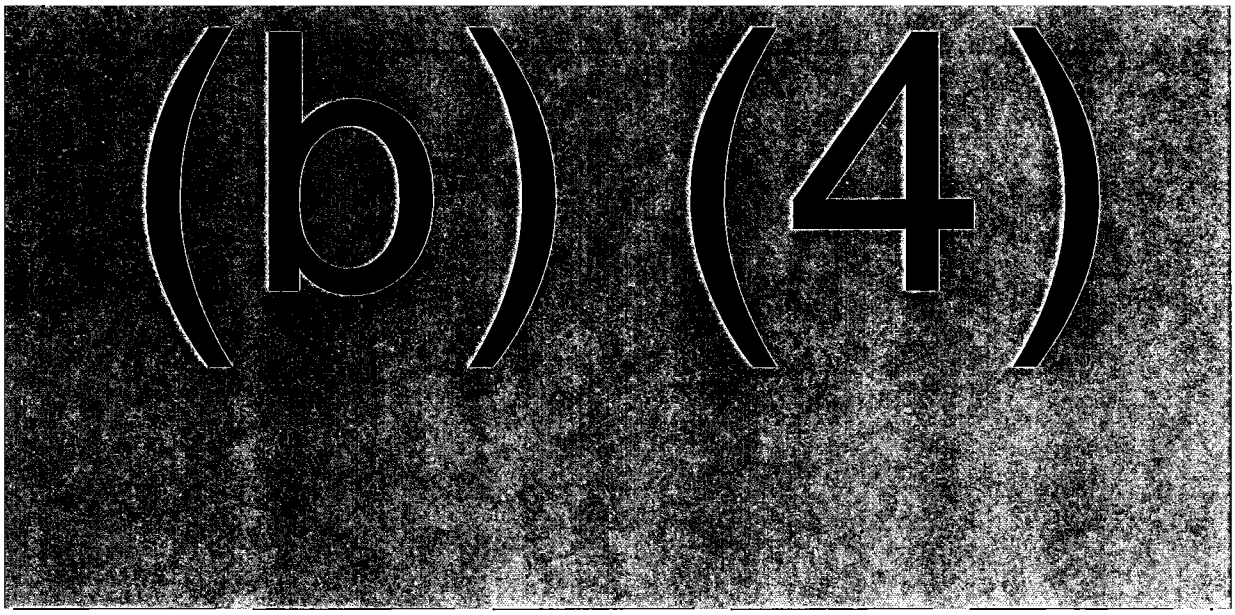
INVOICE LINE#	ITEM MARK	TARIFF NUMBER	COUNTRY OF ORIG.	RATE OF DUTY	VALUE-GBP
1	1	(b)(4)	GB	Q:	(b)(4)

*** END OF REPORT ***

(b) (4) Manifest report

SHP DT 06-OCT-2016 SHPR# (b) (4) METER THERMAL RECT# (b) (4) Packing code





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LOCATION MEM NEW INTERNATIONAL AIRBILL ENTRY ENT# 112-9247186-3