				MELAND SECURITY Border Protection		NO.	3 No. 1651-0010
		CERTI	FICATE OF	REGISTRATIO	ON		
19 CFR 10.8, 10.9, 10.6 148.1, 148.8, 148.32, 1	68, 48 37	(NOTE: Num	ber of copies to be submi	tted varies with type of trans to number of copies require	saction.		
VIA (Carrier)			ar on Broads a omeo de	B/L or INSURED NO.		DATE	
NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)				ARTICLES EXPORTED FOR:			
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Number	Kind of Packages			IICLES EXPORTED	Description		
■ SIGNATURE OF	OWNER OR A	GENT ( <i>Print or Typ</i>	e <u>and</u> Sign)			DATE	
The Above- EXAMINED				escribed Articles Were:	LADEN under m	v supervision	
DATE PORT				DATE	PORT	y supervision	
SIGNATURE OF CBP OFFICER				SIGNATURE OF CBP OFFICER			
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, 5 G. W. J. G.			gazza superiod manda			except as noted: (use reverse if	<b>-</b> /
SIGNATURE OF		rint or Type <u>and</u> Sig				DATE	
	NOTE:	Certifying office	ers shall draw lines th	nrough all unused spac	ces with ink or inde	lible pencil.	

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