

Fill in this information to identify the case:

Debtor The Safety Zone, LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 24-11056

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Hebei Handform Medical Products Co.,Ltd.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? Nedvidel Liu

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Hebei Handform Medical Products Co.,Ltd.</u> <u>Industrial Park, Julu County</u> <u>Xingtai, Hebei 055250, China</u>	

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Contact phone 86-13821346196 Contact phone _____
 Contact email nedvidel@handform.cn Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? Nedvidel Liu



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 38699. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Ask for the payments of order 249561 which was shipped on 20th Jan 2024

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____
- Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
- Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/21/2024
MM / DD / YYYY

/s/Nedvidel Liu
Signature

Print the name of the person who is completing and signing this claim:

Name Nedvidel Liu
First name Middle name Last name

Title Sales Manager

Company Hebei Handform Medical Products Co.,Ltd.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7078 | International 001-424-236-7244

Debtor: 24-11056 - The Safety Zone, LLC District: District of Delaware		
Creditor: Hebei Handform Medical Products Co.,Ltd. Industrial Park, Julu County Xingtai, Hebei, 055250 China Phone: 86-13821346196 Phone 2: Fax: Email: nedvidel@handform.cn	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: Yes Related Claim Filed By: Nedvidel Liu	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: Yes, from Nedvidel Liu	
Basis of Claim: Ask for the payments of order 249561 which was shipped on 20th Jan 2024	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 38699	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Nedvidel Liu on 21-Jun-2024 1:47:23 a.m. Eastern Time Title: Sales Manager Company: Hebei Handform Medical Products Co.,Ltd.		

Fill in this information to identify the case:

Debtor 1 _____
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of _____
Case number _____

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?**
Name of the current creditor (the person or entity to be paid for this claim) _____
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?**
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____

4. **Does this claim amend one already filed?**
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**
 No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$_____. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Instructions for Proof of Claim

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all of the information about the claim as of the date the case was filed.
- Fill in the caption at the top of the form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any supporting documents to this form.
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called “Bankruptcy Rule”) 3001(c) and (d).
- Do not attach original documents because attachments may be destroyed after scanning.
- If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.

- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual’s tax identification number, or financial account number, and only the year of any person’s date of birth. See Bankruptcy Rule 9037.
- For a minor child, fill in only the child’s initials and the full name and address of the child’s parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form or go to the court’s PACER system (www.pacer.psc.uscourts.gov) to view the filed form.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate.
11 U.S.C. § 503.

Claim: A creditor’s right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. §101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. §507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Secured claim under 11 U.S.C. §506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form.



BILL OF LADING

SHIPPER/EXPORTER (COMPLETE NAME AND ADDRESS) HEBEI HANDFORM MEDICAL PRODUCTS CO., LTD. JULU COUNTY, INDUSTRIALPARK, HEBEI, CHINA 055250 TEL:86-319-4362370 FAX:86-319-4362371		BOOKING NUMBER E235100263	BILL OF LADING NUMBER TJN24010151
CONSIGNEE (COMPLETE NAME AND ADDRESS) TO THE ORDER OF THE SAFTEY ZONE LLC 385 LONG HILL RD. GUILFORD CT 06437		EXPORT PREFERENCES FMC# 020617	FORWARDING AGENT - REFERENCES FMC NO. LAUFER GROUP INTERNATIONAL LTD. 20 VESEY STREET, SUITE 601, NEW YORK NY 10007 FAX:1212-945-3324 TEL:17183041230
NOTIFY PARTY (COMPLETE NAME AND ADDRESS) LAUFER GROUP INTERNATIONAL LTD. 20 VESEY STREET, SUITE 601 NEW YORK, NY 10007 FOR LAUFER MOVED-SHIPMENTS: NATALYA@LAUFER.COM FOR NON-LAUFER SHIPMENTS: ELIU@LAUFER.COM EIN#:13-4121879		ALSO NOTIFY PARTY-ROUTING & INSTRUCTIONS THE SAFTEY ZONE LLC 385 LONG HILL RD. GUILFORD CT 06437	
PRE-CARRIAGE BY	PLACE OF RECEIPT BY PARTICIPATING CARRIER XINGANG, CHINA	LOADING PIER/TERMINAL	
(INTENDED) VESSEL/VOYAGE/FLAG ZEUS LUMOS V.012W	PORT OF LOADING XINGANG, CHINA	TYPE OF MOVEMENT (IF MIXED, USE DESCRIPTION OF PACKAGES AND GOODS FIELD)	
PORT OF DISCHARGE NEW YORK, NY	PLACE OF DELIVERY BY PARTICIPATING CARRIER NEW YORK, NY		

CNTR. NOS. W/SEAL NOS. MARKS AND NUMBERS	QUANTITY PACKAGES	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
N/M	1x40HQ CY-CY	SHIPPER'S LOAD AND COUNT AND SEAL S.T.C.:3510CTNS VINYL GLOVES PO#249561 THIS SHIPMENT CONTAINS NO WOODEN PACKING MATERIALS THIS DOCUMENT AND THE GOODS COVERED THEREBY ARE SUBJECT TO THE SECURITY INTEREST OF ACF FINCO I LP FREIGHT COLLECT YMMU6509820/40HQ/YMAQ684551/3510CTNS 19604KGS 59.48CBM/CY-CY SAY TOTAL:THREE THOUSAND FIVE HUNDRED TEN(3510) CTNS ONLY.	19604KGS	59.48CBM

This is shipped on
 Board Bill of Lading
 ON BOARD DATE
 2024-01-20
Cecilia

NOTICE: Clause 7 on the reverse side hereof limits Carrier's liability to a maximum of U.S. \$500 per package or customary freight unit by virtue of incorporation of the U.S. Carriage of Goods by Sea Act, 1936, unless Merchant declares a higher cargo value below and pays Carrier's ad valorem freight charge. Declared Cargo Value U.S. \$ _____ If Merchant enters a value, Carrier's limitation of liability shall not apply and the ad valorem rate will be charged.

FREIGHT RATES, CHARGES, WEIGHTS AND/OR MEASUREMENTS

SUBJECT TO CORRECTION	PREPAID	COLLECT
GRAND TOTAL		

Received by Carrier for shipment by ocean vessel between port of loading and port of discharge, and for arrangement or procurement of pre-carriage from place of receipt and on-carriage to place of delivery, where stated above, the goods as specified above in apparent good order and condition unless otherwise stated. The goods to be delivered at the above mentioned port of discharge or place of delivery, whichever is applicable, subject always to the exceptions, limitations, conditions and liberties set out on the reverse side hereof, to which the Shipper and/or Consignee agree to accepting this Bill of Lading. IN WITNESS WHEREOF three (3) original Bills of Lading have been signed, not otherwise stated above, one of which being accomplished the others shall be void. These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

PLACE AND DATE OF ISSUE: **THREE** XINGANG, CHINA
2024-01-20
LAUFER GROUP INTERNATIONAL LTD. AS CARRIER
BY *Cecilia*
AGENT FOR THE CARRIER

MO. DAY YEAR
B/L No. **TJN24010151**



SHIPPER/EXPORTER (COMPLETE NAME AND ADDRESS) HEBEI HANDFORM MEDICAL PRODUCTS CO., LTD. JULU COUNTY, INDUSTRIALPARK, HEBEI, CHINA 055250 TEL:86-319-4362370 FAX:86-319-4362371	BOOKING NUMBER E235100263	BILL OF LADING NUMBER TJN24010151
	EXPORT PREFERENCES FMC# 020617	

CONSIGNEE (COMPLETE NAME AND ADDRESS) TO THE ORDER OF THE SAFTEY ZONE LLC 385 LONG HILL RD. GUILFORD CT 06437	FORWARDING AGENT - REFERENCES FMC NO. LAUFER GROUP INTERNATIONAL LTD. 20 VESEY STREET, SUITE 601, NEW YORK NY 10007 FAX:1212-945-3324 TEL:17183041230
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NOTIFY PARTY (COMPLETE NAME AND ADDRESS) LAUFER GROUP INTERNATIONAL LTD. 20 VESEY STREET, SUITE 601 NEW YORK, NY 10007 FOR LAUFER MOVED-SHIPMENTS: NATALYA@LAUFER.COM FOR NON-LAUFER SHIPMENTS: ELIU@LAUFER.COM EIN#: 13-4121879	POINT AND COUNTRY OF ORIGIN OF GOODS
---	--------------------------------------

ALSO NOTIFY PARTY-ROUTING & INSTRUCTIONS THE SAFTEY ZONE LLC 385 LONG HILL RD. GUILFORD CT 06437
--

PRE-CARRIAGE BY	PLACE OF RECEIPT BY PARTICIPATING CARRIER XINGANG, CHINA
(INTENDED) VESSEL/VOYAGE/FLAG ZEUS LUMOS V.012W	PORT OF LOADING XINGANG, CHINA
PORT OF DISCHARGE NEW YORK, NY	LOADING PIER/TERMINAL
	TYPE OF MOVEMENT (IF MIXED, USE DESCRIPTION OF PACKAGES AND GOODS FIELD)

CNTR. NOS. W/SEAL NOS. MARKS AND NUMBERS	QUANTITY PACKAGES	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
N/M	1x40HQ CY-CY	SHIPPER'S LOAD AND COUNT AND SEAL S.T.C.:3510CTNS VINYL GLOVES PO#249561 THIS SHIPMENT CONTAINS NO WOODEN PACKING MATERIALS THIS DOCUMENT AND THE GOODS COVERED THEREBY ARE SUBJECT TO THE SECURITY INTEREST OF ACF FINCO,FLP FREIGHT COLLECT YMMU6509820/40HQNYMAQ684551/3510CTNS 19604KGS 59.48CBM/CY-CY SAY TOTAL:THREE THOUSAND FIVE HUNDRED TEN(3510) CTNS ONLY.	19604KGS	59.48CBM
			ON BOARD DATE 2024-01-20	

NOTICE: Clause 7 on the reverse side hereof limits Carrier's liability to a maximum of U.S. \$500 per package or customary freight unit by virtue of incorporation of the U.S. Carriage of Goods by Sea Act, 1936, unless Merchant declares a higher cargo value below and pays Carrier's ad valorem freight charge. Declared Cargo Value U.S. \$ _____ If Merchant enters a value, Carrier's limitation of liability shall not apply and the ad valorem rate will be charged.

FREIGHT RATES, CHARGES, WEIGHTS AND/OR MEASUREMENTS

SUBJECT TO CORRECTION	PREPAID	COLLECT
GRAND TOTAL		

Received by Carrier for shipment by ocean vessel between port of loading and port of discharge, and for arrangement or procurement of pre-carriage from place of receipt and on-carriage to place of delivery, where stated above, the goods as specified above in apparent good order and condition unless otherwise stated. The goods to be delivered at the above mentioned port of discharge or place of delivery, whichever is applicable, subject always to the exceptions, limitations, conditions and liberties set out on the reverse side hereof, to which the Shipper and/or Consignee agree to accepting this Bill of Lading. IN WITNESS WHEREOF three (3) original Bills of Lading have been signed, not otherwise stated above, one of which being accomplished the others shall be void. These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

PLACE AND DATE OF ISSUE THREE XINGANG, CHINA
2024-01-20

LAUFER GROUP INTERNATIONAL LTD. AS CARRIER

BY _____
AGENT FOR THE CARRIER

MO. _____ DAY _____ YEAR _____

B/L No.
TJN24010151

COMMERCIAL INVOICE

ISSUER: HEBEI HANDFORM MEDICAL PRODUCTS CO., LTD. JULU COUNTY, INDUSTRIAL PARK, HEBEI, CHINA 055250	INVOICE NO. : HF-249561 DATE: Jan. 24, 2024 S/C NO. : 249561
TO: THE SAFTEY ZONE LLC 385 LONG HILL RD. GUILFORD CT 06437	PAYMENT: T/T
FROM: XINGANG, CHINA, BY SEA TO: NEW YORK, NY	SHIPMENT DATE: Jan, 19, 2024

Marks and numbers	Number and kind of packages;description	Quantity	Unit price	Amount
GVP9-LG-HH	L ≥4.5g GLOVE VINYL POWDER-FREE 9IN GVP9-LG-HH	1110	\$10.90	\$12,099.00
GVP9-XL-HH	XL ≥5.0g GLOVE VINYL POWDER-FREE 9IN GVP9-XL-HH	1300	\$10.90	\$14,170.00
GVP9-MD-1	M ≥4.5g GLOVE VINYL POWDER-FREE 9IN GVP9-MD-1	1100	\$11.30	\$12,430.00
Total Cases: 3,510 CASES		Total:		US\$38,699.00

N/M

VINYL GLOVES
PACKED:100PCS/BOX
10BOXES/CASE,
ALL GOODS PACKED IN CASES

3,510 CASES
FOB XINGANG, CHINA USD10.9/1000PIECES... US\$38,699.00

Total Cases: 3,510 CASES Total: US\$38,699.00

Container No.:YMMU6509820

Seal No.:YMAQ684551

HB/L:LUFRTJN24010151

SAY TOTAL U. S. DOLLARS

MADE IN CHINA

THIS SHIPMENT CONTAINS NO SOLID WOOD PACKING MATERIALS



PACKING LIST

ISSUER: HEBEI HANDFORM MEDICAL PRODUCTS CO., LTD. JULU COUNTY, INDUSTRIAL PARK, HEBEI, CHINA 055250	INVOICE NO. : HF-249561 DATE: Jan. 24, 2024 S/C NO. : 249561
TO: THE SAFTEY ZONE LLC 385 LONG HILL RD. GUILFORD CT 06437	PAYMENT: T/T
FROM: XINGAG, CHINA BY SEA TO: NEW YORK, NY	SHIPMENT DATE: Jan, 19, 2024

Marks & numbers	Description	Quantity	N. W	G. W	PCS/PRS
GVP9-LG-HH L	≥4.5g GLOVE VINYL POWDER-FREE 9IN GV	1110	4995	5994	1,110,000
GVP9-XL-HH XL	≥5.0g GLOVE VINYL POWDER-FREE 9IN GV	1300	6500	7670	1,300,000
GVP9-MD-1 M	≥4.5g GLOVE VINYL POWDER-FREE 9IN GV	1100	4950	5940	1,100,000
Total		3510	16445.0	19604.0	3,510,000

N/M VINYL GLOVES
PACKED:100PCS/BOX
10BOXES/CASE,
ALL GOODS PACKED IN CASES

TOTAL:3510CASES=3510,000PIECES
N. W. 16445.00KGS G. W. 19604.00KGS
MEASUREMENT: 59.48M3
MADE IN CHINA

Container No. :YMMU6509820
Seal No. :YMAQ684551
HB/L:LUFRTJN24010151



THIS SHIPMENT CONTAINS NO SOLID WOOD PACKING MATERIALS



Handform

河北宏福医疗用品有限公司

HEBEI HANDFORM MEDICAL PRODUCTS CO., LTD

EXPORTER'S STATEMENT OF ORIGIN

I certify that the goods described in invoice no. 249561. were produced in the beneficiary country of CHINA and that at least 100% of the ex-factory price of the goods originates in the beneficiary country of CHINA.

Hebei Handform Medical Products Co.,Ltd.



地址: 中国 河北省邢台市巨鹿县工业园区
Add: Julu County Industrial Park, XingTai, Hebei China

电话: 0319-4362369
Tel: 0086-319-4362369

传真: 0319-4362371
Fax: 0086-319-4362371



7pt Security and Agriculture Inspection

DATE: JAN 25, 2024

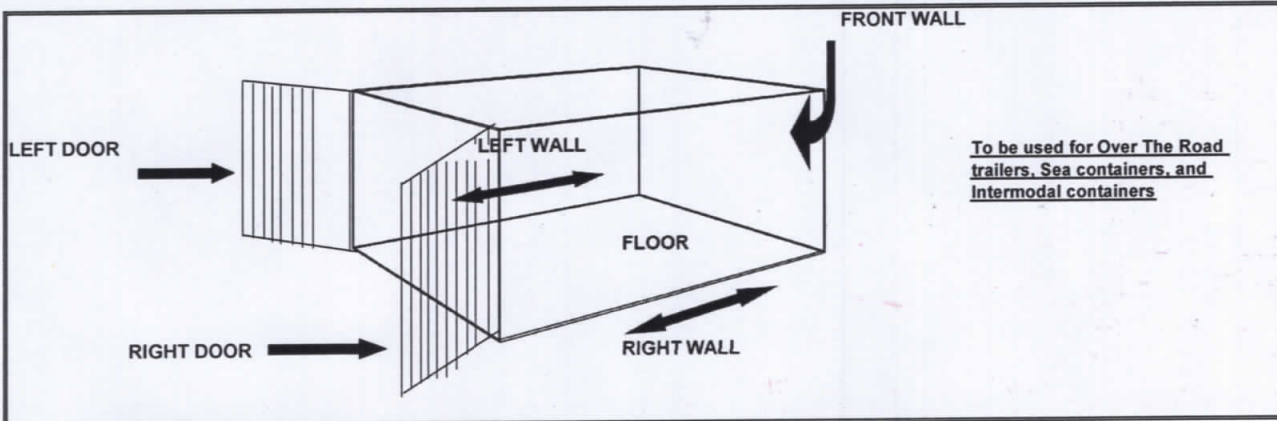
CONTROL & INSPECTION OF CONTAINERS

CARGO COMPANY NAME :YANGMING	
CONTAINER NUMBER :YMMU6509820	
ARRIVAL TIME :JAN 25, 2024	SEAL NUMBER:YMAQ684551
SEAL VVTT PERFORMED (Initial):	

Container (Internal Inspection):	INITIALS
ROOF / CEILING:	Y
FRONT WALL:	Y
FLOOR:	Y
INSIDE DOORS / WALLS:	Y
Free of Pest/Plant Contaminants:	Y

Container (External Inspection)	INITIALS
OUTSIDE / UNDERCARRIAGE:	Y
OUTSIDE DOORS / HINGES:	Y
LEFT SIDE:	Y
RIGHT SIDE:	Y
Free of Pest/Plant Contaminants:	Y

OBSERVATIONS CONTAINER CONDITION (IF APPLICABLE):



INSPECTED BY (Sign and Date):

X: LIJIANFANG

Date:JAN 25, 2024