



U.S. Department of State  
**SHRIMP EXPORTER'S/IMPORTER'S DECLARATION**  
(SEE INSTRUCTIONS ON REVERSE)

OMB APPROVAL NO. 1405-0065  
EXPIRATION DATE: 07/31/2004  
ESTIMATED BURDEN: 10 minutes\*

1. HARVESTING NATION  MALAYSIA		2. AQUACULTURE FACILITY (if applicable) (Name and Address) AIMAN AQUATIC SDN. BHD. NO 492, LORONG SATU, KAMPUNG CINA, 32000 SITI AWAN, PERAK	
3. EXPORTER (Name, address, and Tel./Fax) OCEAN PIONEER FOOD SDN. BHD. 12P, JALAN PELANTAR, 34900 PANTAI REMIS, PERAK, MALAYSIA TEL: (60)5-677 3293 FAX: (60)5-677 4759		4. U.S. IMPORTER/ULTIMATE CONSIGNEE (Name, address, and Tel./Fax) YZ MARINE INC 5905 SOVEREIGN DR M-053, HOUSTON, TX 77036 TEL: 8325125176 FAX: 7134563615	
5. DATE OF EXPORT (mm-dd-yyyy) 07-02-2011			
6. DESCRIPTION OF PRODUCT			
U.S. HTS Tariff Schedule Number  0306.13.00		Number of Units  FROZEN SHRIMPS 1000 CARTONS	Net Weight in Kilograms  22,700.00KGS
7. EXPORTER'S DECLARATION (To be completed by a responsible agent of the exporter of the product.) I hereby declare that the shipment of shrimp accompanying this declaration (check one):  A. <input checked="" type="checkbox"/> Harvested in a manner not harmful to sea turtles. Check the condition of harvest which applies: 1. <input checked="" type="checkbox"/> Harvested by aquaculture 2. <input type="checkbox"/> Harvested using TEDs 3. <input type="checkbox"/> Harvested using non-mechanical net retrieval or by special gear (see the Instructions) 4. <input type="checkbox"/> Shrimp harvested in a manner or under circumstances determined by the Department of State not to pose a threat of the incidental taking of sea turtles B. <input type="checkbox"/> Harvested in the waters of a nation currently certified pursuant to Section 609 of P.L. 101-162.			
EXPORTER (Name and title)  MR. NG BAK HWA		SIGNATURE OCEAN PIONEER FOOD SDN. BHD. (Company No. 217320-0) 	
		DATE (mm-dd-yyyy)  07-02-2011	
8. GOVERNMENT CERTIFICATION (Necessary only if box 7a above is checked; to be signed by a responsible Government official of the harvesting nation) I hereby declare that the statements signed above by the exporter of this shipment of shrimp are true and accurate to the best of my knowledge.			
NAME/AGENCY/TITLE ABDUL RAHIM BIN ISA Penolong Pegawai Perikanan G27 Cawangan Kesihatan Awam Unit Biosekuriti Perikanan Negeri Pulau Pinang FISHERIES OFFICER FISHERIES DEPARTMENT		ADDRESS/TEL/FAX FISH HEALTH & QUARANTINE CENTRE, 11960 BATU MAUNG, PENANG, MALAYSIA. TEL: 04-6263002 FAX: 04-6262981	
		SIGNATURE  FISH HEALTH AND QUARANTINE CENTRE PENANG, MALAYSIA	
		DATE (mm-dd-yyyy)  07-02-2011	
9. IMPORT INFORMATION (To be completed by U.S. importer or customs broker)			
DATE OF ENTRY (mm-dd-yyyy)	PORT OF ENTRY	ENTRY NUMBER	SIGNATURE

THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF SHRIMP AND SHRIMP PRODUCTS INTO THE UNITED STATES

\*Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to respond to the collection of information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/P/FOI/R) Washington, D.C. 20520



U.S. Department of State  
**SHRIMP EXPORTER'S/IMPORTER'S DECLARATION**  
(SEE INSTRUCTIONS ON REVERSE)

OMB APPROVAL NO. 1405-0096  
EXPIRATION DATE: 09/30/2010  
ESTIMATED BURDEN: 10 minutes\*

1. Harvesting Nation  MALAYSIA		2. Aquaculture Facility (If applicable) (Name and Address)  CHAI KEE AQUATIC NO.492, LORONG SATU, KAMPUNG CINA, 32000 SITIAWAN, PERAK	
3. Exporter (Name, Address, and Telephone/Fax)  OCEAN PIONEER FOOD SDN BHD 12P, JALAN PELANTAR, 34900 PANTAI REMIS, PERAK, MALAYSIA TEL: (60)5-677 3293 FAX:(60)5-6774759		4. U.S. Importer/Ultimate Consignee (Name, Address, and Telephone/Fax)  YZ MARINE INC 5905 SOVEREIGN DR M-053, HOUSTON, TX 77036 TEL: 8325125176 FAX:7134563615	
5. Date of Export (mm-dd-yyyy) 10-03-2011			
6. Description of Product			
U.S. HTS Tariff Schedule Number	Number of Units	Net Weight in Kilograms	
0306 13.00	FROZEN SHRIMPS 1250 CARTONS	20,430.00KGS	
7. Exporter's Declaration (To be completed by a responsible agent of the exporter of the product) I hereby declare that the shipment of shrimp accompanying this declaration (check one): A. <input checked="" type="checkbox"/> Harvested in a manner not harmful to sea turtles. Check the condition of harvest which applies: 1. <input checked="" type="checkbox"/> Harvested by aquaculture 2. <input type="checkbox"/> Harvested using TEDs 3. <input type="checkbox"/> Harvested using non-mechanical net retrieval or by special gear (see the instructions) 4. <input type="checkbox"/> Shrimp harvested in a manner or under circumstances determined by the Department of State not to pose a threat of the incidental taking of sea turtles B. <input type="checkbox"/> Harvested in the waters of a nation currently certified pursuant to Section 609 of P.L. 101-162.			
Exporter (Name and Title)  MR. OOI FOO KIM		Signature   OCEAN PIONEER FOOD SDN. BHD. (Company Reg. 217320-D)	Date (mm-dd-yyyy)  10-03-2011
8. Government Certification (Necessary only if box 7a above is checked; to be signed by a responsible Government official of the harvesting nation) I hereby declare that the statements signed above by the exporter of this shipment of shrimp are true and accurate to the best of my knowledge.			
Name/Agency/Title  AZIZAN BIN AHMAD Penolong Pegawai Perikanan G27 Cawangan Kesihatan Haiwan Akuatik Unit Stageseludik Perikanan, Pulau Pinang FISHERIES OFFICER FISHERIES DEPARTMENT	Address/Telephone/Fax  FISH HEALTH & QUARANTINE CENTRE, 11960 BATU MAUNG, PENANG, MALAYSIA. TEL: 04-6263002 FAX: 04-6262981	Signature   	Date (mm-dd-yyyy)  10-03-2011
9. Import Information (To be completed by U.S. importer or Customs broker)			
Date of Entry (mm-dd-yyyy)	Port of Entry	Entry Number	Signature

**THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF SHRIMP AND SHRIMP PRODUCTS INTO THE UNITED STATES**  
\*Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to respond to the collection of this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR), Washington, D.C. 20520




DS-2031  
09-2007 (Formerly DSP-121)

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U.S. Department of State

**SHRIMP EXPORTER'S/IMPORTER'S DECLARATION**  
(See Instructions on Reverse)OMB APPROVAL NO. 1405-0095  
EXPIRATION DATE: 07/31/2013  
ESTIMATED BURDEN: 10 minutes\*

1. Harvesting Nation <b>MALAYSIA</b>		2. Aquaculture Facility (If applicable) (Name and Address) <b>CHAI KEE AQUATIC NO.10, TAMAN MANICKAVA SAGAM, KAMPUNG SUNGAI WANGI, 32400 AYER TAWAU, PERAK.</b>	
3. Exporter (Name, Address, and Telephone/Fax) <b>OCEAN PIONEER FOOD SDN. BHD. 12P, JALAN PELANTAR, 34900 PANTAI REMIS, PERAK, MALAYSIA. TEL: (60)5-677 3293 FAX:(60)5-6774759</b>		4. U.S. Importer/Ultimate Consignee (Name, Address, and Telephone/Fax) <b>YZ MARINE INC 5905 SOVEREIGN DR M-053, HOUSTON, TX 77036 TEL: 8325125176 FAX:7134563615</b>	
5. Date of Export (mm-dd-yyyy) <b>10-09-2011</b>			
6. Description of Product			
U.S. HTS Tariff Schedule Number	Number of Units	Net Weight in Kilograms	
<b>0306.13.00</b>	<b>FROZEN SHRIMPS 1900 CARTONS</b>	<b>20,702.40KGS</b>	
7. Exporter's Declaration (To be completed by a responsible agent of the exporter of the product.) I hereby declare that the shipment of shrimp accompanying this declaration (Check One): A. <input checked="" type="checkbox"/> Harvested in a manner not harmful to sea turtles. Check the condition of harvest which applies: 1. <input checked="" type="checkbox"/> Harvested by aquaculture. 2. <input type="checkbox"/> Harvested using TEDs 3. <input type="checkbox"/> Harvested using non-mechanical net retrieval or by special gear (See the Instructions). 4. <input type="checkbox"/> Shrimp harvested in a manner or under circumstances determined by the Department of State not to pose a threat of the incidental taking of sea turtles. B. <input type="checkbox"/> Harvested in the waters of a nation currently certified pursuant to Section 609 of P.L. 101-162.			
Exporter (Name and Title) <b>MR. OOI FOO KIM</b>		Signature <b>OCEAN PIONEER FOOD SDN. BHD.</b> (Company No. 217320-D) 	Date (mm-dd-yyyy) <b>10-09-2011</b>
8. Government Certification (Necessary only if box 7a above is checked; to be signed by a responsible Government official of the harvesting nation.) I hereby declare that the statements signed above by the exporter of this shipment of shrimp are true and accurate to the best of my knowledge.			
Name/Agency/Title <b>ABDUL RAHIM BIN ISA FISHERIES OFFICER BISHERIES DEPARTMENT Unit Biorsekutu Perikanan Negeri Pulau Pinang</b>	Address/Telephone/Fax <b>FISH HEALTH &amp; QUARANTINE CENTRE, 11960 BATU MAUNG, PENANG, MALAYSIA.</b>	Signature  	Date (mm-dd-yyyy) <b>10-09-2011</b> <b>09 NOV 2011</b>
9. Import Information (To be completed by U.S. Importer or customs broker.)			
Date of Entry (mm-dd-yyyy)	Port of Entry	Entry Number	Signature

**THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF SHRIMP AND SHRIMP PRODUCTS INTO THE UNITED STATES**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless the collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

DS-2031  
09-2010 (Formerly DSP-121)


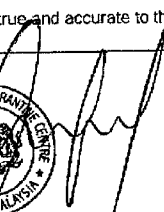

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U.S. Department of State  
**SHRIMP EXPORTER'S/IMPORTER'S DECLARATION**  
(See Instructions on Reverse)

OMB APPROVAL NO. 1405-0085  
EXPIRATION DATE: 07/31/2013  
ESTIMATED BURDEN: 10 minutes\*

1. Harvesting Nation <b>MALAYSIA</b>		2. Aquaculture Facility (If applicable) (Name and Address) <b>CHAI KEE AQUATIC 1A, TAMAN SEI JAYA, JALAN LUMUT, 32000 SITIAWAN, PERAK</b>	
3. Exporter (Name, Address, and Telephone/Fax) <b>OCEAN PIONEER FOOD SDN. BHD. 12P, JALAN PELANTAR, 34900 PANTAI REMIS, PERAK, MALAYSIA. TEL: (60)5-677 3293 FAX:(60)5-6774759</b>		4. U.S. Importer/Ultimate Consignee (Name, Address, and Telephone/Fax) <b>YZ MARINE INC 5905 SOVEREIGN DR M-053, HOUSTON, TX 77036 TEL: 8325125176 FAX:7134563615</b>	
5. Date of Export (mm-dd-yyyy) <b>10-25-2011</b>			
6. Description of Product			
U.S. HTS Tariff Schedule Number	Number of Units	Net Weight in Kilograms	
<b>0306.13.00</b>	<b>FROZEN SHRIMPS 1000 CARTONS</b>	<b>20,430.00KGS</b>	
7. Exporter's Declaration (To be completed by a responsible agent of the exporter of the product.) I hereby declare that the shipment of shrimp accompanying this declaration (Check One): A. <input checked="" type="checkbox"/> Harvested in a manner not harmful to sea turtles. Check the condition of harvest which applies: 1. <input checked="" type="checkbox"/> Harvested by aquaculture. 2. <input type="checkbox"/> Harvested using TEDs 3. <input type="checkbox"/> Harvested using non-mechanical net retrieval or by special gear (See the Instructions). 4. <input type="checkbox"/> Shrimp harvested in a manner or under circumstances determined by the Department of State not to pose a threat of the incidental taking of sea turtles. B. <input type="checkbox"/> Harvested in the waters of a nation currently certified pursuant to Section 609 of P.L. 101-162.			
Exporter (Name and Title) <b>MR. OOI FOO KIM</b>		Signature <b>OCEAN PIONEER FOOD SDN. BHD.</b> (Company No. 217320-D) 	Date (mm-dd-yyyy) <b>10-25-2011</b>
8. Government Certification (Necessary only if box 7a above is checked; to be signed by a responsible Government official of the harvesting nation.) I hereby declare that the statements signed above by the exporter of this shipment of shrimp are true and accurate to the best of my knowledge.			
Name/Agency/Title <b>NOR HAIDA BINTI ISHAK Pegawai Perikanan G41 FISHERIES OFFICER Perikanan Negeri Pulau Pinang FISHERIES DEPARTMENT</b>	Address/Telephone/Fax <b>FISH HEALTH &amp; QUARANTINE CENTRE, 11960 BATU MAUNG, PENANG, MALAYSIA</b>	Signature  	Date (mm-dd-yyyy) <b>10-25-2011</b>
9. Import Information (To be completed by U.S. importer or customs broker.)			
Date of Entry (mm-dd-yyyy)	Port of Entry	Entry Number	Signature
<b>THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF SHRIMP AND SHRIMP PRODUCTS INTO THE UNITED STATES</b>			

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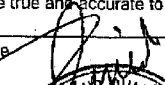

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U.S. Department of State  
**SHRIMP EXPORTER'S/IMPORTER'S DECLARATION**  
(See Instructions on Reverse)

OMB APPROVAL NO. 1405-0085  
EXPIRATION DATE: 07/31/2013  
ESTIMATED BURDEN: 10 minutes\*

1. Harvesting Nation <b>MALAYSIA</b>		2. Aquaculture Facility (If applicable) (Name and Address) <b>CHAI KEE AQUATIC GERAN MUKIM LOT 001465, SUNGAI SITIAWAN, 32000 SITIAWAN, PERAK</b>	
3. Exporter (Name, Address, and Telephone/Fax) <b>OCEAN PIONEER FOOD SDN. BHD. 12P, JALAN PELANTAR, 34900 PANTAI REMIS, PERAK, MALAYSIA. TEL: (60)5-677 3293 FAX:(60)5-6774759</b>		4. U.S. Importer/Ultimate Consignee (Name, Address, and Telephone/Fax) <b>YZ MARINE INC 5905 SOVEREIGN DR M-053, HOUSTON, TX 77036 TEL: 8325125176 FAX:7134563615</b>	
5. Date of Export (mm-dd-yyyy) <b>10-31-2011</b>			
6. Description of Product			
U.S. HTS Tariff Schedule Number	Number of Units	Net Weight in Kilograms	
<b>0306.13.00</b>	<b>FROZEN SHRIMPS 1000 CARTONS</b>	<b>20,430.00KGS</b>	
7. Exporter's Declaration (To be completed by a responsible agent of the exporter of the product.) I hereby declare that the shipment of shrimp accompanying this declaration (Check One): A. <input checked="" type="checkbox"/> Harvested in a manner not harmful to sea turtles. Check the condition of harvest which applies: 1. <input checked="" type="checkbox"/> Harvested by aquaculture. 2. <input type="checkbox"/> Harvested using TEDs 3. <input type="checkbox"/> Harvested using non-mechanical net retrieval or by special gear (See the instructions). 4. <input type="checkbox"/> Shrimp harvested in a manner or under circumstances determined by the Department of State not to pose a threat of the incidental taking of sea turtles. B. <input type="checkbox"/> Harvested in the waters of a nation currently certified pursuant to Section 609 of P.L. 101-162.			
Exporter (Name and Title) <b>MR. OOI FOO KIM</b>		<b>OCEAN PIONEER FOOD SDN. BHD.</b> (Company No. 217320-D) 	Date (mm-dd-yyyy) <b>10-31-2011</b>
8. Government Certification (Necessary only if box 7a above is checked; to be signed by a responsible Government official of the harvesting nation.) I hereby declare that the statements signed above by the exporter of this shipment of shrimp are true and accurate to the best of my knowledge.			
Name/Agency/Title <b>ABDUL RAHIM BIN ISA Penolong Pegawai Perikanan G27 Kementerian Kelautan dan Perikanan Unit Bioskuriti Perikanan Negeri Pulau Pinang FISHERIES DEPARTMENT</b>	Address/Telephone/Fax <b>FISH HEALTH &amp; QUARANTINE CENTRE, 11960 BATU MAUNG, PENANG, MALAYSIA.</b>	Signature  	Date (mm-dd-yyyy) <b>10-31-2011</b>
9. Import Information (To be completed by U.S. importer or customs broker.)			
Date of Entry (mm-dd-yyyy)	Port of Entry	Entry Number	Signature
<b>THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF SHRIMP AND SHRIMP PRODUCTS INTO THE UNITED STATES</b>			

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U.S. Department of State  
**SHRIMP EXPORTER'S/IMPORTER'S DECLARATION**  
(See Instructions on Reverse)

OMB APPROVAL NO. 1405-0095  
EXPIRATION DATE: 07/31/2013  
ESTIMATED BURDEN: 10 minutes\*

1. Harvesting Nation <b>MALAYSIA</b>		2. Aquaculture Facility (If applicable) (Name and Address) <b>CHAI KEE AQUATIC NO.10C, KAMPUNG DATO SERI KAMARUDDIN, 32040 SERI MANJUNG, PERAK</b>	
3. Exporter (Name, Address, and Telephone/Fax) <b>OCEAN PIONEER FOOD SDN. BHD. 12P, JALAN PELANTAR, 34900 PANTAI REMIS, PERAK, MALAYSIA. TEL: (60)5-677 3293 FAX:(60)5-6774759</b>		4. U.S. Importer/Ultimate Consignee (Name, Address, and Telephone/Fax) <b>YZ MARINE INC 5905 SOVEREIGN DR M-053, HOUSTON, TX 77036 TEL: 8325125176 FAX:7134563615</b>	
5. Date of Export (mm-dd-yyyy) <b>11-07-2011</b>			
6. Description of Product			
U.S. HTS Tariff Schedule Number	Number of Units	Net Weight in Kilograms	
<b>0306.13.00</b>	<b>FROZEN SHRIMPS 1250 CARTONS</b>	<b>20,430.00KGS</b>	
7. Exporter's Declaration (To be completed by a responsible agent of the exporter of the product.) I hereby declare that the shipment of shrimp accompanying this declaration (Check One): A. <input checked="" type="checkbox"/> Harvested in a manner not harmful to sea turtles. Check the condition of harvest which applies: 1. <input checked="" type="checkbox"/> Harvested by aquaculture. 2. <input type="checkbox"/> Harvested using TEDs 3. <input type="checkbox"/> Harvested using non-mechanical net retrieval or by special gear (See the instructions). 4. <input type="checkbox"/> Shrimp harvested in a manner or under circumstances determined by the Department of State not to pose a threat of the incidental taking of sea turtles. B. <input type="checkbox"/> Harvested in the waters of a nation currently certified pursuant to Section 609 of P.L. 101-162.			
Exporter (Name and Title) <b>MR. OOI FOO KIM</b>		Signature <b>OCEAN PIONEER FOOD SDN. BHD.</b> (Company No. 217320-D) 	Date (mm-dd-yyyy) <b>11-07-2011</b>
8. Government Certification (Necessary only if box 7a above is checked; to be signed by a responsible agent of the harvesting nation.) I hereby declare that the statements signed above by the exporter of this shipment of shrimp are true and accurate to the best of my knowledge.			
Name/Agency/Title <b>NOR HAIDA BINTI ISHAK Pegawai Penguasa PFI Ketua FISHERIES DEPARTMENT</b>	Address/Telephone/Fax <b>FISH HEALTH &amp; QUARANTINE CENTRE, 11960 BATU MAUNG, PENANG, MALAYSIA</b>	Signature  	Date (mm-dd-yyyy) <b>11-07-2011</b>
9. Import Information (To be completed by U.S. importer or customs broker.)			
Date of Entry (mm-dd-yyyy)	Port of Entry	Entry Number	Signature

THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF SHRIMP AND SHRIMP PRODUCTS INTO THE UNITED STATES

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