SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO704 ATTACHED PAGES" YES NO				ACTUAL DATE AND TIME OF DEPARTURE 08/02/2018 04:36 PM ESTIMATED DATE AND TIME OF ARRIVAL						
ATTACH	IED PAGES TES N	0	ES	HIMATED DATE AND TIME OF ARRIV	AL					
	OLUD	DED INICODA A TION	•	DE.	0EU (E	. D. INJEO				
	SHIP	PER INFORMATION	N .	RECEIVER INFORMATION						
STATE LICENSE # A11-18-0000248-TEMP			STATE LICENSE #							
TYPE OF LICENSE Adult-Use Distribution Temporary I		orary Licence	TYPE OF LICENSE							
BUSINESS NAME Oz Distribution, Inc.				BUSINESS NAME		Andre Shavers				
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS ADDRESS		300 Pendleton Oakland, CA 94621 510.7761.5214				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710 CONTACT NAME Jakob Laggner			CITY, STATE, ZIP CODE PHONE NUMBER CONTACT NAME							
CONTAC) I WAINE	Jakob Laggilei								
			DISTR	IBUTOR INFORMATION						
OTATE I	IOENIOE #	A44 40 0000040 TEMP		DDIVEDIC NAME		December Com				
STATE LICENSE # BUSINESS NAME		A11-18-0000248-TEMP		DRIVER'S NAME CA DRVR LIC #		Brandon Sumandal D1309712				
BUSINESS ADDRESS		Oz Distribution, Inc. 195 Harvey West Blvd		VEHICLE MAKE		D1309/12 Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126	•			Transit				
		(831) 600-7710		VEHICLE MODEL VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME Jakob Laggner				ACTUAL DATE AND TIME O						
00111710	71 10 1012	Jakob Laggnor		ARRIVAL	•					
			DDOD	UCT SHIPPED DETAILS						
		RECEIVI		OCT SHIPPED DETAILS SONLY THE SHADED COLUMNS BE	LOW					
								UNIT	TOTAL	
					QTY	QTY UNIT		RETAIL	RETAIL	
UID	ITEM NAME				ORD	REC'IDOST	TOTAL COST		VALUE	
ED0067 Heavenly Sweet - Treats - Fruity - 100mg THC					30					
ED0066	Heavenly Sweet - Trea		30	\$8.50	\$255.00					
			PR	ODUCT REJECTION						
	IF PRODUC	TS ARE REJECTED PLEASE CIR	RCLE THE ITEMS	S BEING REJECTED IN THE PRODUC	CT SHIPP	ED DETAILS	SECTION ABO	VE		
REASC	ON FOR RECECTION									
			DDODUGT	DECEIPT CONFIDMATION						
Loopfin	m that the contents of the	is shipment match in weight and co		RECEIPT CONFIRMATION						
		ms as inicated received above - ar								
_	-			the distributor for return to the shipper	as indicate	ed in this form	and all attache	d produc	detail	
sheet(s										
NAME OF PERSON RECEIVING AND/OR				PHONE						
REJECTIONG PRODUCT						JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR					DA	TE SIGNED				
REJEC	CTING PRODUCT									