SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6441			ACTUA	ACTUAL DATE AND TIME OF DEPARTURE 08/22/2019 10:29 AM						
ATTACHED PAGES No			ESTIMA	ATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE #		C11-0000224-LIC	C11-0000224-LIC			C10-000010	4-LIC			
		License		STATE LICENSE2#						
BUSINESS NAME Oz Distribution, I		Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Herbal Pain Relief Center HPRC					
CITY, STATE, ZIP CODE Santa Cruz, CA		Santa Cruz, CA		BUSINESS ADDRESS		10736 Sepulveda Blvd				
950602126			CITY, STATE, ZIP CODE		Mission Hills, CA 91345					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		818-639-6027 Suro or Amani					
CONTACT NAME Miguel Fel		Miguel Felix		CONTACT NAME						
			DISTRIBLE	TOR INFORMATION						
			DISTRIBU	TOR INFORMATION						
STATE LICENSE # C1		C11-0000224-LIC		DRIVER'S NAME		Angel Rodri	ngel Rodriguez			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9147506				
BUSINESS ADDRESS		195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
			PRODUCT	SHIPPED DETAILS						
		RECEIVE	ER COMPLETES ON	NLY THE SHADED COLUMNS BELO	W					
								UNIT	TOTAL	
	ITEN4 NIANE					QTY UNIT	TOTAL 000		RETAIL	
JID	ITEM NAME					REC'IDOST	TOTAL COST		VALUE	
	The Oz - True OG - India	•			20					
	The Oz Hybrid Gorilla Ca	ake Crumble 1g			20	0 \$13.0	90 \$260.00)		
			PRODU	JCT REJECTION						
	IF PRODUCTS	S ARE REJECTED PLEASE CIR		EING REJECTED IN THE PRODUCT	SHIPE	PED DETAILS	SECTION ABO	VE		
DE 4.04	011 500 D5050T1011									
REAS	ON FOR RECECTION									
			PRODUCT RE	CEIPT CONFIRMATION						
		shipment match in weight and co								
-	oducts circled abbove are r	s as inicated received above - and rejected for delivery and remain in		ed. distributor for return to the shipper as	indica	ted in this form	n and all attache	ed produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED				