## SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANUEECT# CO77	200	ACTUAL DATE AND TIME OF DEDA	ADTUDE 44/4	4/2040 02:24 D	N 4			
INVOICE/MANIFEST # SO7709 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DEPA ESTIMATED DATE AND TIME OF A		4/2019 02:21 P	IVI			
SHIF	PPER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE #	LICENSE # C11-0000224-LIC STATE LICENSE #			C10-0000127-LIC				
TYPE OF LICENSE	License	STATE LICENSE2 #		M10-18-0000150-TEMP				
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME		Barbary Coast				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS		952 Mission Street				
950602126		CITY, STATE, ZIP COD	STATE, ZIP CODE San Francisco, CA 94103					
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	PHONE NUMBER		+1 415-243-4400			
CONTACT NAME Miguel Felix		CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		B82636677				
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 #	ŧ	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TII ARRIVAL	ME OF					
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMN	S BELOW					
			OTV	Y QTY UNIT		UNIT	TOTAL RETAIL	
JID ITEM NAME				D REC'IDOST	TOTAL COST			
	ole Cannabutter 1000mg THC 4oz			50 \$22.00			VALUE	
[CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz				50 \$33.00				
		PRODUCT REJECTION						
IF PRODU	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PROBLEM.	ODUCT SHIP	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
REAGONT ON REGESTION								
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents of t	his shipment match in weight and cou	unt as indicated above.						
· ·	ems as inicated received above - and are rejected for delivery and remain in	d which are not circled.  the custody of the distributor for return to the shi	ipper as indica	ated in this form	and all attache	ed produc	t detail	
NAME OF PERSON RECEIVEREJECTIONG PRODUCT	NG AND/OR			PHONE NUMBER				
SIGNATURE OF PERSON RE REJECTING PRODUCT	ECEIVING AND/OR		D	DATE SIGNED				