SALES INVOICE / SHIPPING MANIFEST

BUSINESS NAME		
SHIPPER INFORMATION		
STATE LICENSE # C11-0000242-LIC STATE LICENSE # C10-0000462-LIC TYPE OF LICENSE License STATE LICENSE # C10-0000462-LIC TYPE OF LICENSE License STATE LICENSE # C10-0000462-LIC EUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License EUSINESS NAME The Coughy Shop		
Type of License		
BUSINESS NAME		
BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME The Coughly Shop CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 CITY, STATE, ZIP CODE Desert Hot Springs, CA 92240 PHONE NUMBER (631) 600-7710 PHONE NUMBER (760) 671-6466 CONTACT NAME Miguel Felix CONTACT NAME Miguel Felix CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DRIVER'S NAME Brandon Sumandal BUSINESS NAME OZ Distribution, Inc. CA DRIVER'S NAME D1309712 BUSINESS NAME OZ Distribution, Inc. CA DRIVER'S NAME Ford CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MAKE FORD CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE MODEL Transit PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # 54269L2 CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW PRODUCT SHIPPED DETAILS RECEIVEST Fall to Pieces 100mg THC QTY QTY UNIT ONTAL COST VAL (ED0061) Heavenly Sweet Edible Treats Fall to Pieces 100mg THC QD \$6.38 \$127.60 SSummit Boys Crumble Mango Brulee 1g SSu		
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PRODUCT REJECTION		
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIFFED DETAILS SECTION ABOVE		
REASON FOR RECECTION		
PRODUCT RECEIPT CONFIRMATION		
I confirm that the contents of this shipment match in weight and count as indicated above.		
I agree to take custody of all items as inicated received above - and which are not circled. The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached prosheet(s).	luct detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT PHONE NUMBER		
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT DATE SIGNED		