## SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANIEEST # 907	412	ACTUAL DATE AND TIME OF DEPARTU	DE 10/24/2	010 04:07 B	M			
INVOICE/MANIFEST # SO7412 ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVA		019 04.07 F	IVI			
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SHI	PPER INFORMATION	REC	RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #	C	C10-0000187	'-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	R	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	S	Safeport				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	3	353 w channel islands blvd				
	950602126	CITY, STATE, ZIP CODE	0	0, CA 0				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	3)	(805) 843-3131				
CONTACT NAME	Miguel Felix	CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	RIVER'S NAME Angel 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	Т	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	5	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME O	F					
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BEL	LOW					
UID ITEM NAME				TY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz			25	\$22.00	\$550.00			
CT00191] Heavenly Sweet Edi	ble Cannabutter 2000mg THC 4 oz		30	\$33.00	\$990.00			
		PRODUCT REJECTION						
IF PRODU	ICTS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPPE	D DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
I agree to take custody of all	this shipment match in weight and contems as inicated received above - and	d which are not circled.						
The products circled abbove sheet(s).	are rejected for delivery and remain ir	the custody of the distributor for return to the shipper a	as indicated	d in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIV	ING AND/OR		PHC NUM	NE MBER				
SIGNATURE OF PERSON R REJECTING PRODUCT	ECEIVING AND/OR		DAT	E SIGNED				