## SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANIEE	ST # SO7240		ACTUAL DATE AND	TIME OF DEPARTURE	= 10/14	2/2010 00	·12 AI	./			
INVOICE/MANIFEST # SO7240 ATTACHED PAGES No				AND TIME OF ARRIVAL		5/2019 09	. 13 AI	VI			
, ,				,	-						
	SHIPPER INF	RECEIVER INFORMATION									
STATE LICENSE # C11-0000224-		00224-LIC	STATE LICENSE #			C10-000	00244	-LIC			
TYPE OF LICENS				LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		TYPE (	TYPE OF LICENSE Retailer License								
BUSINESS ADDRESS 195 Harvey West Blvd			BUSIN	BUSINESS NAME HTP Group Vallejo retail							
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSIN	BUSINESS ADDRESS 1408 Enterprise Street Vallejo			0				
950602126			CITY, STATE, ZIP CODE			Vallejo, CA 94589					
PHONE NUMBER (831) 600-7710		PHONE	PHONE NUMBER (707)			260-2626					
CONTACT NAME	Miguel	CONTA	ACT NAME		·						
			DISTRIBUTOR INFOR	MATION							
CTATE LICENOE	# C44.00	00004 LIC	DDIVE	DIC NAME		Dan din.	N 4 m until				
STATE LICENSE BUSINESS NAME		C11-0000224-LIC		DRIVER'S NAME		Bradley Martinez					
BUSINESS NAME BUSINESS ADDR		Oz Distribution, Inc. 195 Harvey West Blvd		CA DRVR LIC #		B9489158 Ford					
		anta Cruz, CA 950602126		VEHICLE MAKE VEHICLE MODEL		Transit					
		00-7710		VEHICLE MODEL  VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME	Miguel			AL DATE AND TIME OF		34203L	_				
SONTACT NAME	iviiguei	I GIIX	ARRIV								
			PRODUCT SHIPPED [	DETAILS							
		RECEIVER COM	MPLETES ONLY THE SH	ADED COLUMNS BELC	)W						
UID ITEM N	IAME					QTY UN		TOTAL COST		TOTAL RETAIL VALUE	
[CT00208] Summit Boys Caviar Crumble Gelato 1g				36			16.50	\$594.00			
CT00210] Summi	t Boys Caviar Crumble Forbio			3	6 \$	16.50	\$594.00				
			PRODUCT REJEC	TION							
	IF PRODUCTS ARE REJI	ECTED PLEASE CIRCLE TH	HE ITEMS BEING REJEC	TED IN THE PRODUCT	SHIPI	PED DET	AILS	SECTION ABO	VE		
REASON FOR I	RECECTION										
			RODUCT RECEIPT CON	FIRMATION							
	e contents of this shipment m	-									
-	ustody of all items as inicated cled abbove are rejected for a			r return to the shipper as	indica	ted in this	form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBER					
SIGNATURE OF	F PERSON RECEIVING AND			D	ATE SIGN	NED					