SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7407				ACTUAL DATE AND TIME OF DEPARTURE 10/25/2019 07:39 AM							
ATTACH	ED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		2		STATE LICENSE #		A10-17-0000	00066-TEMP				
	LICENSE	License			STATE LICENSE2#		7.10 11 0000				
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer Lice	nse				
BUSINESS ADDRESS 195 Harvey West Blv				BUSINESS NAME		ALL ABOUT WELLNESS					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		1900 19th St					
950602126					CITY, STATE, ZIP CODE		Sacramento, CA 95815				
PHONE NUMBER (831) 600-7710					PHONE NUMBER	916-454-432	1327				
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBUTO	OR INFORMATION						
STATE LICENSE # C11-0000224-LIC			<u> </u>	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	(831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF	F					
					ARRIVAL						
			RECEIVER CO		SHIPPED DETAILS Y THE SHADED COLUMNS BEL	.OW					
LIID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL	
UID	IID ITEM NAME FL00194] Kanebes Hybrid Flower Whitezilla 1g Smalls						0 REC'IDOST 0 \$3.50	TOTAL COST \$0.00		VALUE	
[FL00546] Kanebes Hybrid Flower Mimosa Smalls 1g					50						
FL00549] Kanebes Indica Flower White Tahoe 1g smalls						50					
	IF PF	RODUCTS ARE REJECTED P	LEASE CIRCLE T		CT REJECTION NG REJECTED IN THE PRODUC	T SHIP	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECEC	TION									
Location	n that the contact	to of this shipment match in			EIPT CONFIRMATION						
I agree	to take custody o	its of this shipment match in we of all items as inicated received pove are rejected for delivery a	above - and whic	ch are not circle		as indica	ted in this form	and all attache	d product	ı detail	
NAME OF PERSON RECEIVING AND/OR				PHONE							
REJECTIONG PRODUCT SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT							UMBER ATE SIGNED				