## SALES INVOICE / SHIPPING MANIFEST

INIVOIC	E/MANUEEST # SOC76	25	ACTUAL	THAL DATE AND TIME OF DEPARTIBE 00/11/2010 07:57 AM						
INVOICE/MANIFEST # SO6765 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/11/2019 07:57 AM ESTIMATED DATE AND TIME OF ARRIVAL						
ATTAO	HED I AGEG		LOTIMAT	ED DATE AND TIME OF ARRIV	AL					
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	STATE LICENSE #			A9-18-00000	50-TEMP			
TYPE C	F LICENSE	License		STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Licer	ise				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME Cannabis Expr			oress				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS 749			45 Bryant St				
950602126			CITY, STATE, ZIP CODE		San Francisco, CA 94107					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		909-935-5506					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUTO	DR 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	3	VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE # 54269L2						
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL						
		RECEIV		SHIPPED DETAILS Y THE SHADED COLUMNS BE	LOW					
					OTV	QTY UNIT		UNIT	TOTAL	
JID	ITEM NAME					REC'IDOST	TOTAL COST		RETAIL	
סוכ	Summit Boys Caviar (	Crumble Sherhert 1a			25				VALUE	
Summit Boys Caviar Crumble OG Kush 1g					2					
Summit Boys Skywalker Sauce 1g					2					
S -Summit Boys Caviar Sugar Cali Girl 1g										
			PRODUC	CT REJECTION						
	IF PRODUC	CTS ARE REJECTED PLEASE CI			CT SHIPE	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION									
			DDODUOT DEO	EIDT OONEIDMATION						
Loonf	irm that the contents of th	is shipment match in weight and c		EIPT CONFIRMATION						
		ems as inicated received above - a								
_		re rejected for delivery and remain			as indica	ted in this form	and all attache	d produc	t detail	
sheet		o rejected for delivery differentialing	and cuctouty of the un		ao maioa			a p. o a a o		
NAME	OF PERSON RECEIVIN	NG AND/OR			P	HONE				
REJECTIONG PRODUCT					UMBER					
SIGNATURE OF PERSON RECEIVING AND/OR					D	ATE SIGNED				
0.0.										