SALES INVOICE / SHIPPING MANIFEST

					CTUAL DATE AND TIME OF DEPARTURE 08/13/2019 03:02 PM						
ATTAC	HED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE I	STATE LICENSE # C11-0000224-LIC		<u> </u>		STATE LICENSE #		A10-18-0000	112-TEMP			
	F LICENSE	License			STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer Lice	nse				
BUSINESS ADDRESS 195 Harvey West Blvd		t Blvd		BUSINESS NAME		We Are Hemp					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		913 EAST LEWELLING BLVD					
950602126					CITY, STATE, ZIP CODE		Hayward, CA 95451				
PHONE NUMBER (831) 600-7710					PHONE NUMBER (510) 276-2628						
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBUTO	R INFORMATION						
STATE LICENSE # C11-0000224-LIC			C	DRIVER'S NAME			Angel Rodriguez				
BUSINESS NAME O		Oz Distribution, In	Dz Distribution, Inc.		CA DRVR LIC #		B9147506				
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE	Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	nta Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710	(831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTA	CT NAME	Miguel Felix			ACTUAL DATE AND TIME O	F					
					ARRIVAL						
			RECEIVER COM		HIPPED DETAILS 7 THE SHADED COLUMNS BEI	LOW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	Kanebes Hybrid Flower Whitezilla 3.5g					100	0 \$12.0	\$1,200.00			
Kanebes Sativa Flower Lemon Skittlez 3.5g						100	0 \$12.0				
		et Edible Treats Rocky Roa	d 100mg THC			10	0 \$0.0	\$0.00			
				PRODUC	T REJECTION						
	IF PROD	DUCTS ARE REJECTED PI	LEASE CIRCLE THE	E ITEMS BEIN	G REJECTED IN THE PRODUC	CT SHIP	PED DETAILS	SECTION ABO	VE		
REAS	ON FOR RECECTIO	N									
			PR	ODUCT RECE	EIPT CONFIRMATION						
I confi	rm that the contents of	of this shipment match in we	eight and count as in	dicated above							
	roducts circled abbove	Il items as inicated received e are rejected for delivery a			tributor for return to the shipper	as indica	ted in this form	and all attache	d produc	detail	
NAME OF PERSON RECEIVING AND/OR					PHONE						
REJECTIONG PRODUCT						N	UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIGNED				