SALES INVOICE / SHIPPING MANIFEST

			~		.10=, ~			_~_						
INVOICE/MANIFEST # SO7918 ATTACHED PAGES No					ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:06 PM ESTIMATED DATE AND TIME OF ARRIVAL									
ATTACHE	D PAGES	No			ESTIMATE	D DATE AND TIME C)F ARRIVAL							
		SHIPPE	R INFORM	1ATION			RECE	IVFI	R INI	FOF	RMATION	V		
STATE LICENSE # C11-0000224-LIC						_				C10-0000355-LIC				
			License	0		STATE LICENSE # STATE LICENSE2 #			010 0000000-LIO					
BUSINESS NAME Oz Distribution, Inc.					TYPE OF LICENSE			Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME				Valley Herbal Center VHC					
CITY, STATE, ZIP CODE Santa Cruz, CA						BUSINESS ADDRE	SS		14522 V					
950602126						CITY, STATE, ZIP CODE		١	Van Nuys, CA 91405					
PHONE NUMBER (831) 600-7710					PHONE		PHONE NUMBER		8187861100					
CONTACT NAME Miguel Felix					CONTACT NAME									
				ı	DISTRIBUTO	R INFORMATION								
STATE LICENSE #			C11-0000224-LIC			DRIVER'S NAME			Angel Rodriguez					
BUSINESS	S 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			Transit					
PHONE NUMBER			(831) 600-7710			VEHICLE LIC. PLATE #			54269L2					
CONTACT NAME			Miguel Felix			ACTUAL DATE AND TIME OF								
						ARRIVAL								
					PRODUCT SH	HIPPED DETAILS								
				RECEIVER COMP	LETES ONLY	THE SHADED COLU	JMNS BELOV	V						
												UNIT	TOTAL	
								QTY Q					RETAIL	
	ITEM NAME								EC'IDO		TOTAL COST		VALUE	
[CT00214] Summit Boys Caviar Crumble Pac Glue 1g								12		16.00				
[CT00215] Summit Boys Caviar Crumble Pac USA 1g								12 12		16.00				
[CT00230] Summit Boys Caviar Crumble Pacific Sunset 1g										16.00				
[CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g										16.00				
[CT00129] Summit Boys Caviar Crumble Banjo 1g [CT00234] Summit Boys Caviar Crumble Miss USA 1g										16.00				
FL00634] Summit Boys Caviar Crum			•							16.00 12.00				
		Summit Boys Shelf Support						32 6		16.00				
	Kanebes She		·					1		12.00				
											V 1 = 100			
					PRODUCT	Γ REJECTION								
	IF F	PRODUCTS A	RE REJECTED PI	LEASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE	PRODUCT S	SHIPPE	D DET	AILS S	SECTION ABO	VE		
REASO	N FOR RECEO	CTION												
	d - c d					IPT CONFIRMATION								
			•	eight and count as ind										
_	-			d above - and which a		ributor for return to the	shinner ac i	ndicated	d in this	form	and all attacho	d product	detail	
sheet(s)		obove ale lejt	oced for delivery al	and remain in the cust	oay or trie dist	induction retain to the	י פוויף בנו מפווי	i iuioale(. 111 UIIS	MILLION	ana an anabile	a product	uciali	
2551(5)														
NAME OF PERSON RECEIVING AND/OR						PHONE								
REJECTIONG PRODUCT					NUMBER									
SIGNATURE OF PERSON RECEIVING AND/OR								DAT	E SIGN	IED				
REJECT	ING PRODUC	T												