		SA	LES INV	OICE /	SHIPPING MAN	IFES	51				
INVOICE/MANIFEST # SO6414				ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 11:29 AM						
ATTACH	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIP	PER INFORM	IATION		REG	CEIVE	ER INFO	RMATIO	V		
STATE LICENSE # C11-0000224-LIC			<b>C</b>	STATE LICENSE #			A10-17-0000007-TEMP				
TYPE OF LICENSE		License	se		STATE LICENSE2 #						
BUSINESS NAME O		Oz Distribution, I	nc.		TYPE OF LICENSE		Retailer Licen	se			
BUSINESS ADDRESS		195 Harvey Wes	t Blvd		BUSINESS NAME		Purple Lotus	Patient Center			
CITY, STATE, ZIP CODE		Santa Cruz, CA	ız, CA		BUSINESS ADDRESS		752 Commerc	cial Street #20			
		950602126	302126		CITY, STATE, ZIP CODE		San Jose, CA 95112				
PHONE NUMBER (83		(831) 600-7710	7710		PHONE NUMBER		408.444.0551				
CONTAC	CT NAME	Miguel Felix			CONTACT NAME						
				DISTRIBUTO	OR INFORMATION						
STATE LICENSE # C11-0000224-LIC			2		DRIVER'S NAME		Sebastien Briaire				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		D6681858				
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 # 54269L						
CONTAC	CT NAME	Miguel Felix	liguel Felix		ACTUAL DATE AND TIME O	F					
			RECEIVER COM		SHIPPED DETAILS LY THE SHADED COLUMNS BEI	LOW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
5.5	S -Summit Boys Refined Crumble Gorilla OG 1g						2 \$0.01	\$0.02		17.202	
		ed Sugar Gorilla Glue 1				2 \$0.01					
S -Summit Boys Refined Crumble Bubble Gum 1g S -Summit Boys Refined Crumble Banjo X OG 1g S -Summit Boys Refined Crumble OG Brulee 1g							2 \$0.01				
		-				2 \$0.01					
		1g			2	2 \$0.01	\$0.02	2			
	S-Summit Boys Refined Crumble True OG 1g					2	2 \$0.01	\$0.02	2		
					CT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS BEII	NG REJECTED IN THE PRODUC	CT SHIPI	PED DETAILS :	SECTION ABO	VE		
REAS	ON FOR RECECTION										
			P	RODUCT REC	EIPT CONFIRMATION						
I agree		ems as inicated received	above - and which	n are not circled		as indica	ited in this form	and all attache	ed produc	t detail	
	OF DEDOOM 5=2="	IO AND/OD				-	LIONE				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
SIGNA	ATURE OF PERSON RE	CEIVING AND/OR				D.	ATE SIGNED				

REJECTING PRODUCT