SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7	100	ACTUAL DATE AND TIME OF DEPA	DTUDE 10/0	8/2010 0A·A0 D	M			
INVOICE/MANIFEST # SO7199 ATTACHED PAGES No		ESTIMATED DATE AND TIME OF AF		0/2019 04.40 F	IVI			
SHII	PPER INFORMATION	F	RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #		C12-0000132	2-LIC			
TYPE OF LICENSE	License	STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	BUSINESS NAME Phytologie Oakland					
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS		8440 Enterprise way				
950602126		CITY, STATE, ZIP CODE		Oakland , CA 94621				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	PHONE NUMBER 0					
CONTACT NAME Miguel Felix		CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME		Bradley Martinez				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		B9489158				
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 TIN	ME OF					
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS	S BELOW					
						UNIT	TOTAL	
			QTY	' QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORE	REC'IDOST	TOTAL COST	VALUE	VALUE	
[CT00127] Summit Boys Pacific Gas Live Resin Caviar Diamonds .5g			3					
[CT00106] Summit Boys Caviar		2	0 \$16.00	\$320.00)			
		PRODUCT REJECTION						
IF PRODU	ICTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRO	ODUCT SHIP	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents of	this shipment match in weight and cou	int as indicated above.						
,	tems as inicated received above - and are rejected for delivery and remain in	which are not circled. the custody of the distributor for return to the ship	pper as indica	ated in this form	and all attache	ed produc	t detail	
NAME OF PERSON RECEIV REJECTIONG PRODUCT	ING AND/OR			HONE IUMBER				
SIGNATURE OF PERSON R REJECTING PRODUCT	ECEIVING AND/OR		D	ATE SIGNED				