SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO	7698	ACTUAL DATE AND	ACTUAL DATE AND TIME OF DEPARTURE 11/13/2019 08:13 AM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SH	IPPER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE #	C11-0000224-LIC	STATE	LICENSE #		C10-0000353	-LIC				
TYPE OF LICENSE	License	STATE	LICENSE2#							
BUSINESS NAME	Oz Distribution, Inc.	TYPE C	F LICENSE		Retailer Licer	ise				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINE	BUSINESS NAME		CBCB					
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINE	SS ADDRESS		Shattuck Ave	nue 3033				
	950602126	CITY, S	TATE, ZIP CODE		Berkeley, CA 94705					
PHONE NUMBER (831) 600-7710		PHONE	PHONE NUMBER +1 510-84			201				
CONTACT NAME	Miguel Felix	CONTA	CT NAME							
		DISTRIBUTOR INFORM	MATION							
STATE LICENSE #	C11-0000224-LIC	DRIVEF	DRIVER'S NAME		lan John Sternberger					
BUSINESS NAME	NAME Oz Distribution, Inc.		/R LIC #		B9920672					
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICL	VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE	TY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL			Transit				
PHONE NUMBER	(831) 600-7710	VEHICL	VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME	Miguel Felix	ACTUA ARRIVA	L DATE AND TIME OF							
	RECEIVE	PRODUCT SHIPPED D R COMPLETES ONLY THE SHA		DW .						
							UNIT	TOTAL		
				QTY	QTY UNIT		RETAIL	RETAIL		
UID ITEM NAME				ORD	REC'IDOST	TOTAL COST	VALUE	VALUE		
[CT00041] S - The Oz Caviar Crumble True OG .1g SAMPLES				23	\$0.01	\$0.23				
[CT00043] S - The Oz Caviar Crumble Gorilla OG .1g SAMPLE				49	\$0.01	\$0.49				
		PRODUCT REJECT	ION							
IF PROD	DUCTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECT	TED IN THE PRODUCT	SHIPP	ED DETAILS	SECTION ABO	VE			
REASON FOR RECECTION	N									
		DD ODLIGT DEGELDT OOM								
I as a firm that the asset and a	fibio chicarant aratab in conicht and acco	PRODUCT RECEIPT CONF	-IRIVIATION							
	of this shipment match in weight and cou									
	Il items as inicated received above - and e are rejected for delivery and remain in		return to the chinner as	indicate	ad in this form	and all attache	d produc	t datail		
sheet(s).	e are rejected for delivery and remain in	the custody of the distributor for	return to the shipper as	illulcati	cu iii iiiis ioiiii	and an attache	u produc	i uciali		
Sileet(3).										
NAME OF DEDSON DECE	IVING AND/OR			DL	IONE					
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					IONE JMBER					
SIGNATURE OF PERSON RECEIVING AND/OR					TE SIGNED					
REJECTING PRODUCT	RESERVING AND/OR			DF	TIE OIGINED					
RESECTING FRODUCT										