SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7367			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/31/2019 01:41 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LI	ICENSE #	C11-0000224-LIC			STATE LICENSE #		C10-0000154	-LIC			
TYPE OF	LICENSE	License			STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer License					
BUSINES	SINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Roseville Gold	TWO RIVERS	SSAC			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS		315 N 10th st				
				CITY, STATE, ZIP CODE		Sacramento, CA 95811					
PHONE NUMBER (831) 600-7710			PHON		PHONE NUMBER		916-804-8975				
CONTACT NAME Miguel Felix					CONTACT NAME						
			D	ISTRIBUTOR	RINFORMATION						
STATE LI	ICENSE #	C11-0000224-LIC)		DRIVER'S NAME		Angel Rodrigu	ıez			
BUSINES		Oz Distribution, Inc.			CA DRVR LIC #		B9147506				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE Fo		Ford	ord			
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2				
CONTAC	T NAME	Miguel Felix	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL	=					
					IIPPED DETAILS THE SHADED COLUMNS BEL	.OW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[CT00109] Summit Boys Caviar Crumble Double Scotts OG 1g			DG 1g			12	\$16.00	\$192.00			
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G			1G			12	\$16.00	\$192.00			
CT00208] Summit Boys Caviar Crumble Gelato 1g						12	\$16.00	\$192.00			
				PRODUCT	REJECTION						
	IF PRODUC	CTS ARE REJECTED PI	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPP	ED DETAILS	SECTION ABO	VE		
REASC	N FOR RECECTION										
			PROF	DUCT RECE	PT CONFIRMATION						
I confirm	m that the contents of th	nis shipment match in we									
I agree	to take custody of all ite	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	as indicate	ed in this form	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR					PH	ONE					
REJECTIONG PRODUCT						NU	MBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED				