SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO4932		ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 05/15/2019 02:08 PM						
ATTACHED PAGES No		ESTIMAT	ED DATE AND TIME OF ARRIVAL	-					
SHIPPER INFORMATION			RECEIVER INFORMATION						
STATE LICENSE #	SE # A11-18-0000248-TEMP		STATE LICENSE #		M10-17-0000052-TEMP				
TYPE OF LICENSE	Adult-Use Distribution Temporary	Licence	STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE	Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		ALTERNATIVES A HEALTH COLLECTIVE				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		1603 HAMPTON WAY				
	950602126		CITY, STATE, ZIP CODE		Santa Rosa, CA 95407				
PHONE NUMBER	(831) 600-7710		PHONE NUMBER		707-525-1420				
CONTACT NAME Miguel Felix			CONTACT NAME						
		DISTRIBUTO	OR INFORMATION						
		DISTRIBUTO	SK INI OKWATION						
STATE LICENSE #	A11-18-0000248-TEMP		DRIVER'S NAME		Bradley Marti	ley Martinez			
BUSINESS NAME	S NAME Oz Distribution, Inc.		CA DRVR LIC #	B9489158					
JSINESS 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						
			SHIPPED DETAILS						
	RECEIVER CO	OMPLETES ONL	Y THE SHADED COLUMNS BELO	VV					
				OTY	QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
JID ITEM NAME						TOTAL COST			
CO00402]The Oz Hybrid Banana Cream Crumble 1g				50					
CO00410]The Oz Indica Mango Brule Crumble 1g				50					
		PRODUC	CT REJECTION						
IF PRODU	CTS ARE REJECTED PLEASE CIRCLE			SHIPP	ED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION									
			EIPT CONFIRMATION						
	his shipment match in weight and count a								
	ems as inicated received above - and whi			indicate	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVER	NG AND/OR				IONE IMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					TE SIGNED				