## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6585			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/03/2019 04:50 PM							
ATTACHED PAGES No			ESTIMAT	ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION				RECEIVER INFORMATION							
STATE LICENSE # C11		C11-0000224-LIC	C STATE LICENSE #			C10-00003	07-LIC				
TYPE OF LICENSE License		License		STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Foothill Health and Wellness						
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		3830 Dividend Dr Suite A						
950602126			CITY, STATE, ZIP CODE		Shingle Springs, CA 95382						
PHONE NUMBER (831) 600-7710			PHONE NUMBER		530-676-4532						
CONTACT NAME Miguel Felix			CONTACT NAME								
			DISTRIBUT	OR INFORMATION							
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez					
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9147506					
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					
CONTA	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
			PRODUCTS	SHIPPED DETAILS							
		RECEIVE	R COMPLETES ONL	LY THE SHADED COLUMNS BELO	W						
					OTV	QTY UNIT			UNIT	TOTAL RETAIL	
JID	ITEM NAME					REC'IDOST	TOTAL	COST	VALUE		
JID	Elite Hybrid Preroll Alien	OG 1a			50			200.00		VALUE	
	Elite Hybrid Preroll El Cu				50			200.00			
		uouy .g				Ψ	,				
			PRODUC	CT REJECTION							
	IF PRODUCT:	S ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEI	NG REJECTED IN THE PRODUCT	SHIPE	PED DETAILS	S SECTION	N ABC	VE		
REAS	ON FOR RECECTION										
			PRODUCT REC	EEIPT CONFIRMATION							
I confi	rm that the contents of this	shipment match in weight and cou									
I agre	e to take custody of all item	is as inicated received above - and	d which are not circle		indica	ted in this for	m and all a	ttache	ed produc	t detail	
sheet(		, , , , , , , , , , , , , , , , , , , ,	.,								
NAME	OF PERSON RECEIVING	G AND/OR			PI	HONE					
REJECTIONG PRODUCT					N	UMBER					
SIGNATURE OF PERSON RECEIVING AND/OR					D.	ATE SIGNED	)				
REJE	CTING PRODUCT										