SALES INVOICE / SHIPPING MANIFEST

	SALI	E2 IN AOI	CE / SHIPPING MAN	ILE2 I				
INVOICE/MANIFEST #	SO7433		TUAL DATE AND TIME OF DEPARTURE 10/24/2019 04:06 PM					
ATTACHED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVA	AL				
SHIPPER INFORMATION			REC	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC		STATE LICENSE #	C.	10-0000014-L	IC		
TYPE OF LICENSE	License		STATE LICENSE2#					
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE	Re	etailer License	9		
BUSINESS ADDRESS 195 Harvey West Blvd		vd	BUSINESS NAME	Ha	ave a Heart C	oalinga		
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS	28	36 North 5th			
	950602126		CITY, STATE, ZIP CODE	Co	Coalinga, CA 93210 206-399-2759			
PHONE NUMBER	(831) 600-7710		PHONE NUMBER	20				
CONTACT NAME Miguel Felix			CONTACT NAME					
		DI	STRIBUTOR 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 Blv		VEHICLE MAKE		Ford			
CITY, STATE, ZIP COD		602126	VEHICLE MODEL					
PHONE NUMBER	(831) 600-7710		VEHICLE LIC. PLATE #					
CONTACT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL					
[FL00325] Royal Tree In [FL00321] Royal Tree In [FL00328] Royal Tree In [FL00295] Kanebes Fire [ED00145] Dreamers Ed [ED00154] Dreamers Ed [ED00154] Dreamers Ed Kanebes Indi [FL00551] Kanebes Indi [FL00555] Kanebes Hyb	ybrid Flower 1:1 CBD/THC Ratio Har door Flower Indica GG1 3.5g door Flower Hybrid Forbidden Fruit 3 door Flower Indica Medcare Kush 3.	rlequin x Grand Dad 3.5g .5g mg chiato 100mg	etes only the shaded columns bel	QTY Q1	\$20.00 \$20.00 \$20.00 \$3.50 \$8.50 \$8.50 \$8.50 \$8.50 \$16.00 \$3.50	UN RE* OTAL COST VAI \$640.00 \$640.00 \$640.00 \$350.00 \$272.00 \$272.00 \$272.00 \$816.00 \$816.00 \$752.00 \$336.00	TAIL RETAIL	
[FL00546] Kanebes Hyb	nd Flower Milliosa Smalls 19			90	φ3.50	\$330.00		
			PRODUCT REJECTION					
IF F	PRODUCTS ARE REJECTED PLEAS	SE CIRCLE THE IT	EMS BEING REJECTED IN THE PRODUC	T SHIPPED	DETAILS SE	ECTION ABOVE		
REASON FOR RECE	CTION							
		PROD	UCT RECEIPT CONFIRMATION					
I confirm that the conte	ents of this shipment match in weight							
	of all items as inicated received abo							
			y of the distributor for return to the shipper a	as indicated	in this form ar	nd all attached pro	oduct detail	
NAME OF PERSON R				PHOI NUM				

DATE SIGNED

SIGNATURE OF PERSON RECEIVING AND/OR

REJECTING PRODUCT