SALES INVOICE / SHIPPING MANIFEST

| INIVOICE | MANIFEST # SO6436 | | ACTUAL | DATE AND TIME OF DEDARTIBE | 08/22 | 2/2010 | 02:50 DN | A | | | | |
|--|-------------------------------------|--|-----------------------|--|-----------------|-----------------------|--------------------|-----------------|----------------|-----------------|--|--|
| INVOICE/MANIFEST # SO6436 ATTACHED PAGES No | | | | ACTUAL DATE AND TIME OF DEPARTURE 08/22/2019 02:59 PM ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | | | |
| | | | | | | | | | | | | |
| | SHIPP | ER INFORMATION | | RECEIVER INFORMATION | | | | | | | | |
| STATE L | ICENSE # | C11-0000224-LIC | | STATE LICENSE # | | | | | | | | |
| | LICENSE | License | | STATE LICENSE2# | | | | | | | | |
| BUSINESS NAME Oz Distribution, Inc. | | | TYPE OF LICENSE | Retailer License | | | | | | | | |
| BUSINESS ADDRESS 195 Harvey West Blvd | | | | BUSINESS NAME | | Have a Heart Coalinga | | | | | | |
| CITY, STATE, ZIP CODE Santa Cruz, CA | | | BUSINESS ADDRESS | | 286 | North 5th | | | | | | |
| 950602126 | | | | CITY, STATE, ZIP CODE | | | Coalinga, CA 93210 | | | | | |
| PHONE NUMBER (831) 600-7710 | | | | PHONE NUMBER | | 206-399-2759 | | | | | | |
| CONTACT NAME Miguel Felix | | | | CONTACT NAME | | | | | | | | |
| | | | DISTRIBUT | OR INFORMATION | | | | | | | | |
| STATEL | ICENSE # | C11-0000224-LIC | | DRIVER'S NAME | | Franc | cisco Mal | dorado | | | | |
| | | Oz Distribution, Inc. | | CA DRVR LIC # | | | F2095173 | | | | | |
| | | 195 Harvey West Blvd | | VEHICLE MAKE | | Ford | | | | | | |
| - | | Santa Cruz, CA 950602126 | | VEHICLE MODEL | | Transit | | | | | | |
| | | (831) 600-7710 | | VEHICLE LIC. PLATE # | | 54269L2 | | | | | | |
| CONTACT NAME Miguel Felix | | | | ACTUAL DATE AND TIME OF ARRIVAL | | | | | | | | |
| | | | PRODUCT: | SHIPPED DETAILS | | | | | | | | |
| | | RECEIVE | | LY THE SHADED COLUMNS BELO | W | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | QTY | QTY | UNIT | | UNIT RETAIL | TOTAL RETAIL | | |
| UID ITEM NAME | | | | ORD | REC'I | D OST | TOTAL COST | VALUE | VALUE | | | |
| Royal Tree Indoor Flower Chemdawg Sativa 3.5g | | | | | | | \$20.00 | \$960.00 | | | | |
| | | ower Chemdawg Sativa 3.5g | | | 2 | 2 | \$0.01 | \$0.02 | | | | |
| | | | PRODU | CT REJECTION | | | | | | | | |
| IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS S | | | | | | | | | VE | | | |
| DE 100 | | | | | | | | | | | | |
| REASC | ON FOR RECECTION | | | | | | | | | | | |
| | | | PRODUCT REC | EIPT CONFIRMATION | | | | | | | | |
| I confir | m that the contents of this | shipment match in weight and cou | unt as indicated abov | e. | | | | | | | | |
| | oducts circled abbove are r | s as inicated received above - and rejected for delivery and remain in | | d. stributor for return to the shipper as | indicat | ted in t | this form | and all attache | d produc | t detail | | |
| NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT | | | | | PHONE NUMBER | | | | | | | |
| | TURE OF PERSON RECE TING PRODUCT | EIVING AND/OR | | | D | ATE S | IGNED | | | | | |