SALES INVOICE / SHIPPING MANIFEST

| INVOICE/MANIFEST # SO6286 | | | ACTUAL I | ACTUAL DATE AND TIME OF DEPARTURE 08/14/2019 02:07 PM | | | | | |
|--|----------------------------|--|-------------------------|---|-----------------|---------------------|-----------------|-------------|----------|
| ATTACHED PAGES No | | | | ESTIMATED DATE AND TIME OF ARRIVAL | | | | | |
| | | | | | | | | | |
| | SHIP | PER INFORMATION | | RECEIVER INFORMATION | | | | | |
| STATE LICENSE # | | C11-0000224-LIC | | STATE LICENSE # | | A10-18-0000145-TEMP | | | |
| TYPE OF | LICENSE | License | | STATE LICENSE2# | | | | | |
| BUSINESS NAME Oz Distribution, Inc. | | | TYPE OF LICENSE | | Retailer Licer | nse | | | |
| BUSINESS ADDRESS 195 Harvey West Blvd | | | BUSINESS NAME | | Compassiona | ate Heart Mutua | l Benefit | Association | |
| CITY, STATE, ZIP CODE Santa Cruz, CA | | | BUSINESS ADDRESS | | HITS 190 Ku | ki Lane #2 | | | |
| 950602126 | | | CITY, STATE, ZIP CODE | | Ukiah, CA 95482 | | | | |
| PHONE NUMBER (831) 600-7710 | | | PHONE NUMBER | | 707.462.5100 |) | | | |
| CONTACT NAME Miguel Felix | | | | CONTACT NAME | | | | | |
| | | | DISTRIBUTO | OR INFORMATION | | | | | |
| STATE LICENSE # C11-0000224-LIC | | | DRIVER'S NAME | | Bradley Marti | nez | | | |
| BUSINESS NAME | | Oz Distribution, Inc. | | CA DRVR LIC # | | B9489158 | | | |
| 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 | | | |
| CONTAC | T NAME | Miguel Felix | | ACTUAL DATE AND TIME OF ARRIVAL | | | | | |
| | | | | HIPPED DETAILS | | | | | |
| | | RECEIVE | R COMPLETES ONL | Y THE SHADED COLUMNS BEL | LOW | | | | |
| | | | | | | | | UNIT | TOTAL |
| | | | | | | QTY UNIT | L | | RETAIL |
| UID ITEM NAME | | | | | REC'IDOST | TOTAL COST | VALUE | VALUE | |
| S - Royal Tree Indoor Flower Sativa Jungle Juice 3.5g | | | | 1 | Ψ0.0. | | | | |
| | S-Royal Tree Indoor F | Flower Medcare Kush 3.5g | | | 1 | \$0.01 | \$0.01 | | |
| | | | | T REJECTION | | | | | |
| IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE | | | | | | | VE | | |
| REASO | N FOR RECECTION | | | | | | | | |
| | | | PRODUCT RECE | EIPT CONFIRMATION | | | | | |
| I agree | to take custody of all ite | is shipment match in weight and cou oms as inicated received above - and e rejected for delivery and remain in | d which are not circled | | as indicat | ed in this form | and all attache | d produc | t detail |
| sheet(s | | • | - | | | | | | |
| NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT | | | | | | HONE JMBER | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT | | | | | DA | ATE SIGNED | | | |