SALES INVOICE / SHIPPING MANIFEST

		571	LLD II V O				. 1				
INVOICE/MANIFEST # SO7136					ACTUAL DATE AND TIME OF DEPARTURE 10/07/2019 02:52 PM						
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIP	PER INFORM	ATION		RFC	FIVE	R INFO	RMATIO	V		
STATE LICENSE # C11-0000224-LIC								C10-0000136-LIC			
TYPE OF LICENSE License			,		STATE LICENSE2 #		C10-0000130	r-LIC			
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer Licer	190				
BUSINESS ADDRESS 195 Harvey West Blvd								Smart Collective			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix			2110		BUSINESS ADDRESS	10745 RIVERSIDE DR SUITE A 91602					
					CITY, STATE, ZIP CODE		North Hollywood, CA 91602				
					PHONE NUMBER		818.856.8208				
				CONTACT NAME							
			D	ISTRIBI ITO	R INFORMATION						
				IOTRIDOTO	IVINI ORMATION						
STATE LICENSE # C11-0000224-LIC			.		DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME O		Oz Distribution, In	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 # 542			54269L2			
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL	=					
					HIPPED DETAILS 7 THE SHADED COLUMNS BEL	OW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
CT00123] Summit Boys Cured Caviar Sugar Chem 4 1g					10	\$24.00	\$240.00)			
[CT00125] Summit Boys Live Resin Caviar Sundae Driver 1g						10	\$24.00	\$240.00)		
[CT00109] Summit Boys Caviar Crumble Double Scotts OG 1g						10					
[CT00069] S - Summit Boys Cured Caviar Sugar Chem 4 1g						1	Ψ0.0.				
[CT00005] S -Summit Boys Sundae Driver Live Resin Caviar 1g [CT00022] S -Summit Boys Caviar Crumble Double Scotts OG1g						1	\$0.01				
[C100022]	S -Summit Boys Cavia	r Crumble Double Scot	is OG1g			1	\$0.01	\$0.01			
				PRODUC [*]	T REJECTION						
	IF PRODUC	TS ARE REJECTED PI	LEASE CIRCLE THE I	TEMS BEIN	G REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
					IPT CONFIRMATION						
	that the contents of this	•	•								
_					tributor for return to the shipper a	s indicat	ed in this form	and all attache	ed produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR						D	ATE SIGNED				

REJECTING PRODUCT