SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6366			ACTUAL DATE AND TIME OF DEPARTURE 08/21/2019 01:52 PM					
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIV					
	SH	HIPPER INFORMATION	REC	RECEIVER INFORMATION				
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	STATE LICENSE #		A10-17-0000	024-TEMP		
TYPE OF L	ICENSE	License	STATE LICENSE2 #					
BUSINESS NAME Oz Distribution, Inc.		Oz Distribution, Inc.	TYPE OF LICENSE		Retailer License			
BUSINESS ADDRESS 195 Harvey West Blvd		195 Harvey West Blvd	BUSINESS NAME		Mount Shasta Patient Collective			
CITY, STATE, ZIP CODE Santa Cruz, CA		Santa Cruz, CA	BUSINESS ADDRESS		408 S Mt. Shasta Blvd			
950602126		950602126	CITY, STATE, ZIP CODE	DDE Mt. Shasta, CA 96067				
PHONE NUMBER (831) 600-7710		(831) 600-7710	PHONE NUMBER		(530) 926-6337			
CONTACT NAME Miguel Felix			CONTACT NAME					
			DICTRIPLITOR INFORMATION					
			DISTRIBUTOR INFORMATION					
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	DRIVER'S NAME		Bradley Martinez			
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #		B9489158			
BUSINESS ADDRESS 1		195 Harvey West Blvd	VEHICLE MAKE		Ford			
CITY, STATE, ZIP CODE Santa Cruz		Santa Cruz, CA 950602126	VEHICLE MODEL		Transit			
PHONE NUMBER		(831) 600-7710	VEHICLE LIC. PLATE #		54269L2			
CONTACT	NAME	Miguel Felix	ACTUAL DATE AND TIME O ARRIVAL	F				
			PRODUCT SHIPPED DETAILS					
		RECEIVER (COMPLETES ONLY THE SHADED COLUMNS BEI	LOW				
				a=1.			UNIT	TOTAL
IID I	TENA NIA NA				QTY UNIT	TOTAL 000T		RETAIL
	ITEM NAME	The company NAME 's a million O. F. m			REC'IDOST	TOTAL COST		VALUE
Kanebes Hybrid Flower Whitezilla 3.5g Kanebes Sativa Flower Tony Cliffton 3.5g		•		16				
	Kanebes Sativa F	lower Lony Cliffton 3.5g		16	\$12.00	\$192.00		
			PRODUCT REJECTION					
	IF PRO	DUCTS ARE REJECTED PLEASE CIRCLE	THE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPP	ED DETAILS	SECTION ABO	VE	
REASON	FOR RECECTION	DN						
			PRODUCT RECEIPT CONFIRMATION					
		of this shipment match in weight and count						
_	-	all items as inicated received above - and when the standard received above - and the standard received above		: : 4	l : 4l-:- f	and all attaches		4 -1-4-1
	ucts circled appov	ve are rejected for delivery and remain in the	e custody of the distributor for return to the shipper	as indicati	ea in this form	and all attache	a proauc	t detail
sheet(s).								
NAME OF PERSON RECEIVING AND/OR				PH	HONE			
REJECTIONG PRODUCT				NU	JMBER			
SIGNATURE OF PERSON RECEIVING AND/OR				D.4	TE OLONIED			
0.0.0.0				DF	ATE SIGNED			