## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO6229			AC	ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 04:46 PM					
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL					
	SHIDE	PER INFORMATION	NI.	DEC	\_I\/_I	D INIEOE		.I	
					RECEIVER INFORMATION				
		C11-0000224-LIC		STATE LICENSE #	(	C10-18-0000037-TEMP			
TYPE OF LICENSE License			STATE LICENSE2 #		Date: Inc. Line and				
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer Licens			
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME	NHS Collective				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			BUSINESS ADDRESS		1901 Atlantic Ave.				
				CITY, STATE, ZIP CODE				Long Beach , CA 90806	
PHONE NUMBER (831) 600-7710  CONTACT NAME Miguel Felix				PHONE NUMBER	(	562) 528-8810	J		
CONTA	CTNAME	wiguei Felix		CONTACT NAME					
			DISTR	RIBUTOR INFORMATION					
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME		Brandon Sumandal				
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		D1309712			
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			
CONTACT NAME		Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL	=				
UID	ITEM NAME  Kanebes Hybrid Flower Kanebes Hybrid Flower Kanebes Hybrid Flower Kanebes Sativa Flower Kanebes Sativa Flower Kanebes Sativa Flower Kanebes Indica Flower Kanebes Indica Flower Kanebes Hybrid Flower Kanebes Sativa Flower Kanebes Sativa Flower	1g. Request Alien Rock 1g SMALLS Sled Dawg 1g SMALLS			ORD R 25 25 25 25 25 25 25 25 25 25 25 25 25	\$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50	\$87.50 \$87.50 \$87.50 \$87.50 \$87.50 \$87.50 \$87.50 \$87.50 \$112.00		
	Kannebes Indica Flower	Black Berry Kush 1g smalls			32	\$3.50	\$112.00		
REAS	IF PRODUCTS	S ARE REJECTED PLEASE CIF		ODUCT REJECTION S BEING REJECTED IN THE PRODUC	T SHIPPE	D DETAILS S	ECTION ABO	VE	
l agree	e to take custody of all item roducts circled abbove are	shipment match in weight and co s as inicated received above - an rejected for delivery and remain	count as indicated and which are not		s indicated	d in this form a	and all attache	d product	detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHO NUM	ONE MBER				

DATE SIGNED

SIGNATURE OF PERSON RECEIVING AND/OR

REJECTING PRODUCT