SALES INVOICE / SHIPPING MANIFEST

INIVAICE/MANIFECT # COAGA	n	ACTUAL DATE AND TIME OF	DEDARTURE OF/15	2010 01:10 B	\ /			
INVOICE/MANIFEST # SO4949 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DEPARTURE 05/15/2019 01:10 PM ESTIMATED DATE AND TIME OF ARRIVAL						
SHIP		RECEIVER INFORMATION						
STATE LICENSE #	A11-18-0000248-TEMP	STATE LICENSE	#	M10-18-0000	207-TEMP			
TYPE OF LICENSE	Adult-Use Distribution Temporary	Licence STATE LICENSE2	2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENS	E	Retailer Licer	se			
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Foothill Health and Wellness				
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDR		3830 Dividen	d Dr Suite A			
950602126		CITY, STATE, ZIP	CODE	Shingle Springs, CA 95382				
PHONE NUMBER (831) 600-7710		PHONE NUMBER		530-676-4532				
CONTACT NAME Miguel Felix		CONTACT NAME						
		DISTRIBUTOR INFORMATION						
		DIGITAL DETERMINE OF THE PARTY						
STATE LICENSE #	A11-18-0000248-TEMP	DRIVER'S NAME		Angel Rodrigez				
BUSINESS NAME	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. PL	VEHICLE LIC. PLATE # 542		54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AN	ND TIME OF					
		PRODUCT SHIPPED DETAILS						
	RECEIVER CO	OMPLETES ONLY THE SHADED COL	LUMNS BELOW					
						UNIT	TOTAL	
			QTY	QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD	REC'DOST	TOTAL COST	VALUE	VALUE	
Royal Tree Indoor Flower Sativa Jungle Juice 3.5g			100	\$21.50	\$2,150.00			
		PRODUCT REJECTION						
IF PRODUC	TS ARE REJECTED PLEASE CIRCLE	THE ITEMS BEING REJECTED IN TH	E PRODUCT SHIPP	ED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION	N					
I confirm that the contents of thi	s shipment match in weight and count a		N .					
	ms as inicated received above - and wh							
	e rejected for delivery and remain in the		he shipper as indicate	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				ONE IMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				TE SIGNED				