## SALES INVOICE / SHIPPING MANIFEST

		SA	LLS II V	OICL			, 1					
INVOICE/MANIFEST # SO6823			ACTU	ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:15 PM								
ATTACHI	ED PAGES N	lo	ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		C10-0000381-LIC					
TYPE OF LICENSE License					STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Ir			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		Unified Patient Alliance					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		8416 Lankershim Blvd						
950602126					CITY, STATE, ZIP CODE		Sun Valley, CA 91352					
PHONE NUMBER (831) 600-7710					PHONE NUMBER		(818) 504-8255					
CONTACT NAME Miguel Felix					CONTACT NAME	CONTACT NAME						
				DISTRIB	UTOR INFORMATION							
STATELL	CENSE #	C11-0000224-LI0	`		DRIVER'S NAME		Ang	el Rodrigu	A7			
		Oz Distribution, li			CA DRVR LIC #			Angel Rodriguez B9147506				
		195 Harvey West			VEHICLE MAKE							
		Santa Cruz, CA 9			VEHICLE MODEL		Transit					
		(831) 600-7710	700002120		VEHICLE LIC. PLATE #							
		Miguel Felix			ACTUAL DATE AND TIME OF							
00111710	110 101	Iviigadi 1 diix			ARRIVAL							
				PRODI IO	CT SHIPPED DETAILS							
			RECEIVER COM		ONLY THE SHADED COLUMNS BEL	_OW						
										UNIT	TOTAL	
						QTY	QTY	UNIT		RETAIL	RETAIL	
UID ITEM NAME					ORD	REC	'IDOST	TOTAL COST	VALUE	VALUE		
Summit Boys Crumble Mango Brulee 1g					5	5	\$12.00	\$60.00				
The Oz Indica Wedding Cake Crumble 1g						6	6	\$12.00	\$72.00			
ED0079] Heavenly Sweet Edible Munchies Muddy Buddies 100mg THC			dies 100mg THC					\$7.50	\$75.00			
				PROF	DUCT REJECTION							
	IF PRO	DDUCTS ARE REJECTED PI	EASE CIRCLE TH		BEING REJECTED IN THE PRODUC	T SHIPF	PED D	ETAILS S	SECTION ABO	VE		
REASC	N FOR RECECTI	ON										
			Dr	DODUGT D	FOURT CONFIDMATION							
Loonfire	n that the contents	of this chipmont motch in we			ECEIPT CONFIRMATION							
		s of this shipment match in we all items as inicated received	· ·									
	ducts circled abbo				e distributor for return to the shipper a	as indicat	ted in	this form	and all attache	d produc	t detail	
NAME	OF PERSON REC	CEIVING AND/OR				PI	HONE	<u> </u>				
REJECTIONG PRODUCT				NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED							