## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO	7920	ACTUAL DAT	ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:07 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL						
SH	IPPER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC	S	STATE LICENSE #		C12-0000064	I-LIC			
TYPE OF LICENSE	License		STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.	-	TYPE OF LICENSE		Retailer Licer	nse			
BUSINESS ADDRESS	195 Harvey West Blvd	E	BUSINESS NAME		West Valley Patients Center				
CITY, STATE, ZIP CODE	Santa Cruz, CA	E	BUSINESS ADDRESS		23043 Ventu				
950602126			CITY, STATE, ZIP CODE		Woodland Hills, CA 91364				
PHONE NUMBER	(831) 600-7710	F	PHONE NUMBER		+1 818-224-4146				
CONTACT NAME	Miguel Felix		CONTACT NAME						
		DISTRIBUTOR I	NFORMATION						
STATE LICENSE #	C11-0000224-LIC	11-0000224-LIC DRIVER'S NAME			Angel Rodriguez				
JSINESS NAME Oz Distribution, Inc.		(	CA DRVR LIC #			B9147506			
BUSINESS ADDRESS	195 Harvey West Blvd	\	/EHICLE MAKE		Ford	Ford			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		\	/EHICLE MODEL		Transit				
HONE NUMBER (831) 600-7710		\	/EHICLE LIC. PLATE #		54269L2				
CONTACT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL	;					
	RECEIVER	PRODUCT SHIP R COMPLETES ONLY TI	PED DETAILS HE SHADED COLUMNS BELO	OW					
					QTY UNIT	TOTAL 000T		TOTAL RETAIL	
UID ITEM NAME				ORD 24	REC'IDOST	TOTAL COST		VALUE	
[CT00154] The Oz Indica Cold Water Hash Dosido 1g									
The Oz Shelf Supp	юп			1	-\$8.00	-\$8.00			
		PRODUCT R	EJECTION						
IF PROD	DUCTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING F	REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION	N								
		DRODUCT DECEM	T CONFIDMATION						
I confirm that the contents o	f this shipment match in weight and cou	PRODUCT RECEIP int as indicated above.	CONFIRMATION						
I agree to take custody of al	l items as inicated received above - and e are rejected for delivery and remain in	I which are not circled.	utor for return to the shipper as	s indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIREJECTIONG PRODUCT	VING AND/OR				HONE UMBER				
SIGNATURE OF PERSON REJECTING PRODUCT	RECEIVING AND/OR			DA	ATE SIGNED				