## SALES INVOICE / SHIPPING MANIFEST

	ು	ALES IIV	VOICE /		ILES	1					
INVOICE/MANIFEST # SO7364			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 10/18/2019 04:21 PM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED PAGES No E			ESTIMAT								
SHIPPER INFORMATION				RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		-LIC		STATE LICENSE #		C10-0000420-LIC					
TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, I		n, Inc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey Wes		/est Blvd		BUSINESS NAME		SOCC					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		A		BUSINESS ADDRESS		5740 Lankershim Blvd					
				CITY, STATE, ZIP CODE		North Hollywood, CA 91601					
PHONE NUMBER (831) 600-7710		0		PHONE NUMBER		0					
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUTO	OR INFORMATION							
OTATE LICENICE # 044 0000004		110	DDIVEDIO NAME			A coul De Irina					
STATE LICENSE #	C11-0000224						Angel Rodriguez				
BUSINESS NAME BUSINESS ADDRESS	Oz Distributio S 195 Harvey V			VEHICLE MAKE		B9147506 Ford					
		CA 950602126		VEHICLE MODEL		Transit					
PHONE NUMBER	(831) 600-771			VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF	:	0.2002					
CONTINUE TO THE MINE	Migdel Folix			ARRIVAL							
		RECEIVER CO		SHIPPED DETAILS Y THE SHADED COLUMNS BELI	OW						
UID ITEM NAM	E						UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[CT00012] S -Summit Boys Crumble Mango Brulee 1g					5112		\$0.01	\$0.05		VALOL	
ED00072] S - Heavenly Sweet Edible Singles White Chocolate Raspberry 10mg THC							\$0.01	\$0.05			
ED00075] S - Heavenly Sweet Edible Singles Dark Chocolate Orange 10mg THC						5	\$0.01	\$0.05			
II	F PRODUCTS ARE REJECTED	PLEASE CIRCLE		CT REJECTION NG REJECTED IN THE PRODUC	T SHIPF	PED [	DETAILS S	SECTION ABO	VE		
DEAGON FOR DEG	NEOTION.										
REASON FOR REC	ECTION										
				EIPT CONFIRMATION							
	ntents of this shipment match in	-									
_	ody of all items as inicated recei			d. stributor for return to the shipper a	s indicat	ted in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR				PHONE							
REJECTIONG PRO	DUCT				N	UMBI	ER				
SIGNATURE OF PE REJECTING PROD	ERSON RECEIVING AND/OR UCT			DATE SIGNED							