SALES INVOICE / SHIPPING MANIFEST

INIVOICE	E/MANIFEST # SO643	20	٨٥٦١٨١	DATE AND TIME OF DEPARTURE	08/27	/2010 11:48 Λ	M		
INVOICE/MANIFEST # SO6439 ATTACHED PAGES No				TED DATE AND TIME OF ARRIVAL		2019 11.40 A	IVI		
SHIPPER INFORMATION				RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC		STATE LICENSE #		A10-18-0000	098-TEMP		
TYPE OF LICENSE License				STATE LICENSE2 #					
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Super Clinik Yale				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		2110 Yale ST S				
950602126			CITY, STATE, ZIP CODE		Santa Ana, CA 92704				
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(714) 717-9896				
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUT	OR INFORMATION					
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME		Angel Rodriguez				
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. PLATE #	54269L2				
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL					
			PRODUCT	SHIPPED DETAILS					
		RECEIVE	R COMPLETES ON	LY THE SHADED COLUMNS BELO	W				
								UNIT	TOTAL
					QTY	QTY UNIT		RETAIL	RETAIL
UID ITEM NAME				ORD	REC'DOST	TOTAL COST	VALUE	VALUE	
Kanebes Indica Flower Blue Zkittlez 3.5g.				32	\$12.00	\$384.00			
	S - Kanebes Indica Flo	ower Blue Zkittlez 3.5g			1	\$0.01	\$0.01		
				CT REJECTION					
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION A								VE	
REASO	ON FOR RECECTION								
			PRODUCT REC	CEIPT CONFIRMATION					
I confir	m that the contents of th	is shipment match in weight and co							
		ms as inicated received above - an							
The pro		e rejected for delivery and remain ir	n the custody of the d	istributor for return to the shipper as	indicate	ed in this form	and all attache	d produc	t detail
NAME	OF PERSON RECEIVIN	NG AND/OR			PH	IONE			
REJECTIONG PRODUCT						IMBER			
	TURE OF PERSON RECTING PRODUCT	CEIVING AND/OR			DA	TE SIGNED			