## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO6782				ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 08:26 AM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIPF	PER INFORMATION	I		REC	EIVE	ER INFO	RMATIO	V		
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #			A10-18-0000104-TEMP				
TYPE OF LICENSE License				STATE LICENSE2 #		71.0 10 0000					
BUSINESS NAME Oz Distribution, Inc.					TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME			Canna Cruz				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126  PHONE NUMBER (831) 600-7710  CONTACT NAME Miguel Felix					BUSINESS ADDRESS	115 Limekiln Street					
				CITY, STATE, ZIP CODE		Santa Cruz, CA 95060					
					PHONE NUMBER		831.420.3227				
				CONTACT NAME							
			DI	ISTRIBUTOI	RINFORMATION						
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME		Brandon Sumandal					
BUSINESS NAME Oz Distribution, Inc.				CA DRVR LIC #		D1309712					
BUSINESS ADDRESS 195 Harvey West Blvd		195 Harvey West Blvd	st Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz		Santa Cruz, CA 950602126			VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2				
CONTA	ACT NAME	Miguel Felix	uel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
		RECEIVE			HIPPED DETAILS THE SHADED COLUMNS BEL	OW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	Summit Boys Caviar Sugar Cali Girl 1g					30	0 \$25.00	\$750.00	)		
Summit Boys Scotts OG Caviar Crumble 1g							0 \$17.50	\$0.00	)		
Summit Boys Caviar Crumble Gorilla Sherbert 1g						30					
	Summit Boys Caviar Cru	umble OG Kush 1g				30	0 \$17.50	\$525.00			
				PRODUCT	REJECTION						
	IF PRODUCT:	S ARE REJECTED PLEASE CIR	CLE THE IT	TEMS BEING	G REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION										
			PROD	DUCT RECE	IPT CONFIRMATION						
		shipment match in weight and cou									
_	products circled abbove are	s as inicated received above - and remain in			ributor for return to the shipper a	s indica	ted in this form	and all attache	d produc	t detail	
NIABA		AND/OD				F.	HONE				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
	ATURE OF PERSON RECE	EIVING AND/OR			D	ATE SIGNED					