## SALES INVOICE / SHIPPING MANIFEST

| INIVOLOGIAAANUEEGE #   | 007444   |                                       | AOTHAL F   | ATE AND TIME OF DE                   | DADTUDE 4      | 0/00/0040                                | 04 04 D               |                 |          |                 |  |
|--|--|---------------------------------------|--|--------------------------------------|----------------|--|-----------------------|-----------------|----------|-----------------|--|
| INVOICE/MANIFEST # SO7144 ATTACHED PAGES No  |  |                                       | ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:31 PM ESTIMATED DATE AND TIME OF ARRIVAL |                                      |                |  |                       |                 |          |                 |  |
|  |  |                                       |  |                                      | 7.1.1.1.7.1.   |  |                       |                 |          |                 |  |
| Ş  |  | RECEIVER INFORMATION                  |  |                                      |                |  |                       |                 |          |                 |  |
| STATE LICENSE # C11-0000224-LIC  |  | <b>D</b>                              |  | STATE LICENSE #                      |                |  | C10-0000317-LIC       |                 |          |                 |  |
| TYPE OF LICENSE License  |  |                                       |  | STATE LICENSE2#                      |                |  |                       |                 |          |                 |  |
| BUSINESS NAME Oz Distribution, Inc.  |  |                                       |  | TYPE OF LICENSE                      |                |  | Retailer License      |                 |          |                 |  |
| BUSINESS ADDRESS 195 Harvey West Blvd  |  |                                       |  | BUSINESS NAME                        |                |  | Valley Health Options |                 |          |                 |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126   |  |                                       | BUSINESS ADDRESS<br>CITY, STATE, ZIP CODE  |                                      | SS             | 1421 Auburn Blvd<br>Sacramento, CA 95818 |                       |                 |          |                 |  |
|  |  |                                       |  |                                      | ODE            |  |                       |                 |          |                 |  |
| PHONE NUMBER (831) 600-7710  |  |                                       |  | PHONE NUMBER                         |                |  | (916) 779-0715        |                 |          |                 |  |
| CONTACT NAME   | Miguel Felix   |                                       |  | CONTACT NAME                         |                |  |                       |                 |          |                 |  |
|  |  |                                       | DISTRIBUTO   | R INFORMATION                        |                |  |                       |                 |          |                 |  |
| STATE LICENSE # C11-000022   |  | DRIVER'S NAME                         |  |                                      |                | Bradley Martinez                         |                       |                 |          |                 |  |
| BUSINESS NAME  | Oz Distribution, I   | · · · · · · · · · · · · · · · · · · · |  | CA DRVR LIC #                        |                |  | B9489158              |                 |          |                 |  |
| BUSINESS ADDRESS   | 195 Harvey West  |                                       |  | VEHICLE MAKE                         |                |  | Ford                  |                 |          |                 |  |
| CITY, STATE, ZIP CODE  |  | 950602126                             |  | VEHICLE MODEL                        |                |  | Transit               |                 |          |                 |  |
| PHONE NUMBER   | (831) 600-7710   |                                       |  | VEHICLE LIC. PLATE #                 |                | 5426                                     | 59L2                  |                 |          |                 |  |
| CONTACT NAME   | Miguel Felix   | Miguel Felix                          |  | ACTUAL DATE AND TIME OF<br>ARRIVAL   |                |  |                       |                 |          |                 |  |
|  |  | RECEIVER CO                           |  | HIPPED DETAILS<br>/ THE SHADED COLUN | MNS BELOW      |  |                       |                 |          |                 |  |
|  |  |                                       |  |                                      |                | TY QTY                                   |                       |                 |          | TOTAL<br>RETAIL |  |
| UID ITEM NAME  |  |                                       |  |                                      | C              |  |                       | TOTAL COST      |          | VALUE           |  |
| [CT00115] Summit Boys Caviar Sugar Cali Girl 1g  |  |                                       |  |                                      |                | 40                                       | \$13.50               |                 |          |                 |  |
| [CT00109] Summit Boys Caviar Crumble Double Scotts OG 1g   |  |                                       |  |                                      |                | 40<br>25                                 | \$13.50<br>\$12.50    |                 |          |                 |  |
| [CT00121] Summit Boys Crumble Mango Brulee 1g [CT00123] Summit Boys Cured Caviar Sugar Chem 4 1g |  |                                       |  |                                      |                | 20                                       | \$12.50               |                 |          |                 |  |
| [FL00328] Royal Tree Indoor Flower Indica Medcare Kush 3.5g                                      |  |                                       |  |                                      |                | 32                                       | \$22.00               |                 |          |                 |  |
| [FL00327] Royal Tree Indoor Flower Indica Medicale Rush 3.5g                                     |  |                                       |  |                                      |                | 32                                       | \$22.00               |                 |          |                 |  |
| [ED00017] Dollar Dose - lozenge - Sativa Hibiscus - 5mg  |  |                                       |  |                                      |                | 100                                      | \$0.50                |                 |          |                 |  |
| [ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg  |  |                                       |  |                                      |                | 100                                      | \$0.50                |                 |          |                 |  |
| [ED00120] Dollar Dose - lozenge - Indica Rootbeer - 5mg  |  |                                       |  |                                      |                | 100                                      | \$0.50                | \$50.00         | )        |                 |  |
| [ED00118] Dollar Dose - lozenge - Indica Apple - 5mg   |  |                                       |  |                                      |                | 100                                      | \$0.50                | \$50.00         | )        |                 |  |
|  |  |                                       |  | T REJECTION                          |                |  |                       |                 |          |                 |  |
| IF P   | RODUCTS ARE REJECTED P   | LEASE CIRCLE T                        | HE ITEMS BEIN  | G REJECTED IN THE F                  | PRODUCT SH     | HIPPED D                                 | ETAILS S              | SECTION ABO     | VE       |                 |  |
| REASON FOR RECEC   | TION   |                                       |  |                                      |                |  |                       |                 |          |                 |  |
|  |  | г                                     |  | EIPT CONFIRMATION                    |                |  |                       |                 |          |                 |  |
|  | nts of this shipment match in we of all items as inicated received | eight and count as                    | indicated above  |                                      |                |  |                       |                 |          |                 |  |
| ,  | bove are rejected for delivery a                                   |                                       |  |                                      | shipper as inc | dicated in                               | this form             | and all attache | d produc | t detail        |  |
| NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT   |  |                                       |  |                                      |                | PHONE                                    |                       |                 |          |                 |  |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT   |  |                                       |  | DATE SIGNED                          |                |  |                       |                 |          |                 |  |