SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6919 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 09/18/2019 03:34 PM ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION			RECEIVE			ER INFORMATION			
STATE LICENSE #	C11-0000224-LIC		STATE LICENSE #		C10-0000380	-LIC			
TYPE OF LICENSE	License		STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE		Retailer Licer	ise			
SINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Mount Shasta Patient Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			BUSINESS ADDRESS		408 S Mt. Shasta Blvd				
			CITY, STATE, ZIP CODE		Mt. Shasta, CA 96067				
HONE NUMBER (831) 600-7710		PHONE NUMBER		(530) 926-6337					
CONTACT NAME	Miguel Felix		CONTACT NAME						
		DIOTE							
		DISTE	RIBUTOR INFORMATION						
TATE LICENSE # C11-0000224-LIC			DRIVER'S NAME		Bradley Martinez				
BUSINESS NAME Oz Distribution, Inc.			CA DRVR LIC #		B9489158				
BUSINESS ADDRESS 195 Harvey West Blvd			VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			VEHICLE MODEL	VEHICLE MODEL Trans					
ONE NUMBER (831) 600-7710			VEHICLE LIC. PLATE #	VEHICLE LIC. PLATE # 54269L2					
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL					
	RECEIVE		DUCT SHIPPED DETAILS S ONLY THE SHADED COLUMNS B	FLOW					
							UNIT	TOTAL	
					QTY UNIT	L		RETAI	
UID ITEM NAME						TOTAL COST		VALUE	
[CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz					\$22.00				
[ED0009] Cosmo D's Edible Chocolate Bar Hazy Hazelnut 100mg [ED00100] Cosmo D's Edible Chocolate Bar Cosmic Berry Crunch 100mg					\$6.75 \$6.75				
[ED00110] Cosmo D's Edible Chocolate Bar Cosmic Berry Crunch 100mg [ED0011] Cosmo D's Edible Chocolate Bar Extra Toasted Coconut 100mg					5 \$6.75	•			
[ED0011] Cosmo D's Edible Chocolate Bar Extra Toasted Cocondit Tooling					5 \$6.75				
-20012] O031110 D3 E01018 O1	regail cluttible 100thg				φυ./ υ	φοσ./ σ			
			RODUCT REJECTION						
IF PRODU	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEM	IS BEING REJECTED IN THE PRODU	JCT SHIPE	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION									
		DD O DI I O	T RECEIPT CONFIRMATION						
I confirm that the contents of the	his shipment match in weight and cou								
	ems as inicated received above - and								
,			f the distributor for return to the shippe	r as indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVI	NG AND/OR			PI	HONE				
REJECTIONG PRODUCT					UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR				D	ATE SIGNED				

REJECTING PRODUCT