## SALES INVOICE / SHIPPING MANIFEST

		SAL	LES INVO	ICE / S	HIPPING MAIN	ILES	1					
INVOICE/MANIFEST # SO6856			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 09/17/2019 03:21 PM								
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
										_		
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		C10-0000476-LIC					
TYPE OF LICENSE License					STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc			IC.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		Evolv Cannabis					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		25937 S Western Ave						
				CITY, STATE, ZIP CODE		Lomita, CA 90717						
		(831) 600-7710			PHONE NUMBER		+1 310-504-2700					
CONTACT NAME Miguel Felix			CONTACT NAME		CONTACT NAME							
			D	DISTRIBUTOF	RINFORMATION							
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME			Angel Pedriguez						
		Oz Distribution, Inc.			CA DRVR LIC #		Angel Rodriguez B9147506					
		195 Harvey West B			VEHICLE MAKE	Ford						
-		Santa Cruz, CA 950			VEHICLE MODEL	Transit						
		(831) 600-7710			VEHICLE LIC. PLATE #			54269L2				
CONTAC	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF							
					ARRIVAL							
			P	RODUCT SE	IIPPED DETAILS							
					THE SHADED COLUMNS BEL	.OW						
										UNIT	TOTAL	
LUD	ITEMANIANE							UNIT	TOTAL COST		RETAIL	
UID ITEM NAME Summit Boys Caviar Crumble Banjo Glue 1g					30		DOST \$16.00	TOTAL COST \$480.00		VALUE		
Summit Boys Caviar Crumble Barijo Glae 1g								\$16.00	\$480.00			
Summit Boys Refined Crumble True OG 1g						0	\$16.00	\$480.00				
	Summit Boys Reimed O	rumble True OO 1g				30	J	ψ10.00	Ψ-00.00			
					REJECTION							
	IF PRODUCTS	S ARE REJECTED PLE	ASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED D	DETAILS S	SECTION ABO	VE		
REAS	ON FOR RECECTION											
			PROI	DUCT RECE	PT CONFIRMATION							
I confi	rm that the contents of this	shipment match in weig										
I agree	e to take custody of all item roducts circled abbove are	s as inicated received al	bove - and which are	e not circled.	ributor for return to the shipper a	as indicat	ted in	this form	and all attache	d produc	t detail	
NIARAF	OF DEDOON DECEMBE	AND/OP				D.	LONG	-				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR								SIGNED				
REJECTING PRODUCT						0		J.O. VLD				