## SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	ICE / S		ILES	1						
INVOICE/MANIFEST # SO7616				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/05/2019 03:24 PM								
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		C10-0000504-LIC						
TYPE OF LICENSE License					STATE LICENSE2#								
BUSINESS NAME Oz Distribution, In					TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		Remedy Inc						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		68945 VISTA CHINO ST							
				CITY, STATE, ZIP CODE		Cathedral City, CA 92234							
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(206) 450-6544							
CONTACT NAME Miguel Felix			CONTACT NA		CONTACT NAME								
			]	DISTRIBUTO	R INFORMATION								
STATE LICENSE # C11-0000224-LIC			,		DDIVED'S NAME			Ion John Stornhorger					
		Oz Distribution, Ir			DRIVER'S NAME CA DRVR LIC #			lan John Sternberger B9920672					
		195 Harvey West			VEHICLE MAKE								
		Santa Cruz, CA 9			VEHICLE MODEL		Transit						
		(831) 600-7710	,00002.20		VEHICLE LIC. PLATE #			54269L2					
CONTAC		Miguel Felix			ACTUAL DATE AND TIME OF								
					ARRIVAL								
			ľ		HIPPED DETAILS								
					THE SHADED COLUMNS BEL	OW							
										UNIT	TOTAL		
						QTY	QTY	UNIT		RETAIL	RETAIL		
UID					0				TOTAL COST		VALUE		
	00538] Kanebes Indica Flower Wedding Cake 3.5g						\$12.00	\$768.00					
[FL00584]	FL00584] Kanebes Indica Flower Strawberry Cheesecake 3.5g							\$12.00	\$768.00				
	Kanebes Shelf Support					2 -\$12.00			-\$24.00				
				PRODUCT	REJECTION								
	IF PRODUCT	S ARE REJECTED PL	LEASE CIRCLE THE	ITEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED D	DETAILS S	SECTION ABO	VE			
REASO	N FOR RECECTION												
			DDC	NOLICT DECE	IPT CONFIRMATION								
I confirm	n that the contents of this	shipment match in we			II I JONI INWATION								
I agree	to take custody of all item ducts circled abbove are	s as inicated received	above - and which a	re not circled.	ributor for return to the shipper a	s indicat	ted in	this form	and all attache	d product	t detail		
NAME OF PERSON RECEIVING AND/OR					PHONE								
REJECTIONG PRODUCT					NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED								