## SALES INVOICE / SHIPPING MANIFEST

IND (CLOSE # 44 NUE FOT # 2000)		ACTUAL BATE AND TH	ME OF BEDARTURE	00/44/00404					
INVOICE/MANIFEST # SO6314 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 08/14/2019 02:40 PM ESTIMATED DATE AND TIME OF ARRIVAL						
ATTACHED PAGES NO		ESTIMATED DATE AND	J HIME OF ARRIVAL						
SHIP	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC	STATE LIC		C9-18	3-00000	78-TEMP			
TYPE OF LICENSE	License	STATE LIC		D . "					
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE BUSINESS NAME		Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd			The Good People Farms LLC					
CITY, STATE, ZIP CODE	Santa Cruz, CA		ADDRESS		5080 Chiles Rd Suite#4				
950602126 PHONE NUMBER (831) 600-7710			TE, ZIP CODE		Davis, CA 95618				
		PHONE NU		530.574.4278					
CONTACT NAME	Miguel Felix	CONTACT	NAME						
		DISTRIBUTOR INFORMAT	ΓΙΟΝ						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S	DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME	Oz Distribution, Inc.		CA DRVR LIC #		B82636677				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126				Transit				
PHONE NUMBER	(831) 600-7710					54269L2			
CONTACT NAME	Miguel Felix		ATE AND TIME OF						
		ARRIVAL							
		PRODUCT SHIPPED DET							
	RECEIVE	R COMPLETES ONLY THE SHADE	ED COLUMNS BELOV	W					
							UNIT	TOTAL	
				QTY QTY L	JNIT		RETAIL	RETAIL	
UID ITEM NAME				ORD REC'I	COST	TOTAL COST	VALUE	VALUE	
Kanebes Hybrid Flower Whitezilla 3.5g				64	\$12.00	\$768.00			
		PRODUCT REJECTION	NI						
IE DDODIIO	CTS ARE REJECTED PLEASE CIRC			SHIDDED DE	TAILS	SECTION ARO	\/E		
II FRODUC	TO AIL REJECTED FLEAGE CINC	DEL THE HEIMS BEING RESECTED	JIN THE FRODUCTS	SI IIFFLD DL	IAILS	SECTION ABO	V L		
REASON FOR RECECTION									
		PRODUCT RECEIPT CONFIR	MATION						
I confirm that the contents of th	nis shipment match in weight and cou	int as indicated above.							
I agree to take custody of all ite	ems as inicated received above - and	I which are not circled.							
The products circled abbove an sheet(s).	re rejected for delivery and remain in	the custody of the distributor for ret	urn to the shipper as i	indicated in th	nis form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER	₹				
SIGNATURE OF PERSON RECEIVING AND/OR				DATE SIG	GNED				
REJECTING PRODUCT									