SALES INVOICE / SHIPPING MANIFEST

		571	LLD II VOI	CLID			, 1					
INVOICE/MANIFEST # SO7444				ACTUAL DATE AND TIME OF DEPARTURE 10/30/2019 02:55 PM								
ATTACHED PAGE	S No		ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
								'				
STATE LICENSE # C11-0000224-LI		U		STATE LICENSE #		C10-0000551-LIC						
TYPE OF LICENSE License				STATE LICENSE2 #		Potoilor Liganos						
BUSINESS NAME Oz Distribution, I					TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey Wes			I BIAG		BUSINESS NAME		Triple C Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		14196 Lakeshore Drive						
PHONE NUMBER (831) 600-7710					CITY, STATE, ZIP CODE		Clearlake, CA 95422					
(,					PHONE NUMBER		707-601-1525					
CONTACT NAME Miguel Felix					CONTACT NAME							
			DI	STRIBUTOF	RINFORMATION							
STATE LICENSE # C11-000		C11-0000224-LI0	C		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		Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME Miguel Fe					ACTUAL DATE AND TIME OF ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BELO	DW						
UID ITEM NA	AME						QTY REC'		TOTAL COST		TOTAL RETAIL VALUE	
[CT00176] The Oz Indica Shatter Purple Punch 1g								\$12.00	\$1,200.00			
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg						100)	\$0.50	\$50.00			
[ED00118] Dollar Do		100)	\$0.50	\$50.00							
				PRODUCT	REJECTION							
	IF PRODUCTS AF	RE REJECTED P	LEASE CIRCLE THE IT	TEMS BEING	REJECTED IN THE PRODUCT	r shipf	PED D	ETAILS S	ECTION ABO	VE		
REASON FOR R	ECECTION											
			PROD	OUCT RECEI	PT CONFIRMATION							
I confirm that the	contents of this ship	ment match in we	eight and count as indic									
	•		d above - and which are		ibutor for return to the shipper as	s indicat	ted in	this form a	and all attached	d product	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBE	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED				