SALES INVOICE / SHIPPING MANIFEST

		571		CL / D			, 1					
INVOICE/MANIFEST # SO6882 AC				ACTUAL D	CTUAL DATE AND TIME OF DEPARTURE 09/16/2019 03:58 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		3		STATE LICENSE #		C10-0000307-LIC						
TYPE O	TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		C.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd		Blvd		BUSINESS NAME		Foothill Health and Wellness						
		Santa Cruz, CA	CA		BUSINESS ADDRESS	3830 Dividend Dr Suite A						
		950602126			CITY, STATE, ZIP CODE		Shingle Springs, CA 95382					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		530-676-4532						
CONTA	CT NAME	Miguel Felix			CONTACT NAME							
			D	ISTRIBUTOF	RINFORMATION							
STATE	LICENSE #	C11-0000224-LIC			DRIVER'S NAME		Brando	n Sum	andal			
	ESS NAME	Oz Distribution, Inc.			CA DRVR LIC #		Brandon Sumandal D1309712					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL Trans							
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #			54269L2				
	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF		- 1					
		pringues s emis			ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME						QTY UN		TOTAL COST		TOTAL RETAIL VALUE	
		er 3.5g. smalls Request)	\$0.00	\$0.00			
Kanebes Indica Flower Herojuana 3.5g Smalls							9	\$8.50	\$4,751.50			
	Kanebes Hybrid Flow	er Whitezilla 3.5g Smalls				721	1	\$8.50	\$6,128.50			
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED DET	AILS S	ECTION ABO	VE		
REAS	SON FOR RECECTION											
			PR∩⊓	DUCT RECE	PT CONFIRMATION							
I confi	irm that the contents of th	nis shipment match in wei			I I CON INNIVITATION							
I agree	e to take custody of all ite roducts circled abbove a	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	s indicat	ted in this	s form a	and all attached	d product	detail	
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT						NU	UMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D/	ATE SIG	NED				