SALES INVOICE / SHIPPING MANIFEST

		SA		ICL /	SHIPPING MAN		, 1				
INVOICE/MANIFEST # SO7051				ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:20 PM							
ATTAC	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PPER INFORM	ATION		REC	CEIVE	ER INFO	RMATION	٧		
STATE LICENSE # C11-0000224-LIC					STATE LICENSE #		C10-0000015	-LIC			
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		The Green Room				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			A		BUSINESS ADDRESS 138 Main St						
					CITY, STATE, ZIP CODE		Point Arena, CA 95467				
PHONE NUMBER (831) 600-7710					PHONE NUMBER (707) 320-1918						
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBU	FOR INFORMATION						
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME		Bradley Martinez					
		Oz Distribution, In			CA DRVR LIC #		B9489158				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 95	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
					SHIPPED DETAILS ILY THE SHADED COLUMNS BEI	_OW					
							QTY UNIT			TOTAL RETAIL	
UID	ITEM NAME							TOTAL COST		VALUE	
	Summit Boys Caviar Crumble Peanut Butter Breath 1g					10	_				
		mit Boys Caviar Batter Peanut Butter Breath 1g				10					
Summit Boys Caviar Crumble Gorilla Sherbert 1g Summit Boys Caviar Crumble Double Scotts OG 1g Royal Tree Indoor Flower Indica Grape Pie Cookies 3.5g			ŭ			10					
			-			16					
Royal Tree Indoor Flower Indica Grape Fle Cookies 5.5g			ones 3.5g			16	, ,				
				PRODI	ICT REJECTION						
	IF PRODUC	CTS ARE REJECTED PL	EASE CIRCLE THE		ING REJECTED IN THE PRODUC	CT SHIPF	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION										
					CEIPT CONFIRMATION						
		his shipment match in wei	-								
	roducts circled abbove a	ems as inicated received are rejected for delivery an			ed. distributor for return to the shipper a	as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR							HONE				
REJECTIONG PRODUCT							UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR						D/	ATE SIGNED				

REJECTING PRODUCT