SALES INVOICE / SHIPPING MANIFEST

		5711		ICL / D			, 1					
INVOICE/MANIFEST # SO7252 AG			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/23/2019 03:47 PM								
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
	SHID	PER INFORMA	ATION		REC	`EI\/F	ER IN	F∩F	2ΜΔΤΙ Ο Ν			
					RECEIVER INFORMATION							
		C11-0000224-LIC	<u> </u>		STATE LICENSE #	C12-0000117-			-LIC			
TYPE OF LICENSE License					STATE LICENSE2 # TYPE OF LICENSE	Detailer Licence						
BUSINESS NAME Oz Distribution, Inc.							Retailer License					
BUSINESS ADDRESS 195 Harvey West E		Bivd		BUSINESS NAME		Elevate Shasta Wellness						
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		401 Berry St.					
950602126 PHONE NUMBER (831) 600-7710				CITY, STATE, ZIP CODE		Mt. Shasta, CA 96067						
				PHONE NUMBER		1(949)212-0055						
CONTAC	I NAME	Miguel Felix			CONTACT NAME							
			D	ISTRIBUTOF	RINFORMATION							
STATE LICENSE # C11-0000224-LIC					DRIVER'S NAME Bra			radley 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				
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF							
					ARRIVAL							
			P	RODUCT SH	IPPED DETAILS							
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	_OW						
UID	ITEM NAME						QTY UI		TOTAL COST		TOTAL RETAIL VALUE	
	L00534] Kanebes Hybrid Flower Lemon Meringue 3.5g					(12.00			VALUE	
FL00538] Kanebes Indica Flower Wedding Cake 3.5g							\$12.00					
FL00510] Kanebes Indica Flower Herojuana 3.5g					32		\$12.00					
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PLE	EASE CIRCLE THE I		REJECTED IN THE PRODUC	CT SHIPE	PED DET	AILS	SECTION ABO	VE		
REASO	N FOR RECECTION											
			PROF	DUCT RECEI	PT CONFIRMATION							
I confirm	n that the contents of th	is shipment match in weig										
I agree	to take custody of all ite ducts circled abbove ar	ems as inicated received a	bove - and which are	e not circled.	ibutor for return to the shipper a	as indicat	ted in this	s form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT						N	UMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIG	NED				