SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7445				ACTUAL DATE AND TIME OF DEPARTURE 10/24/2019 04:10 PM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED	PAGES No			ESTIMATE	D DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			C		STATE LICENSE #						
	YPE OF LICENSE License				STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Bills samples				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710					BUSINESS ADDRESS	0 0, CA 0					
					CITY, STATE, ZIP CODE						
				PHONE NUMBER		0					
CONTACT N	IAME	Miguel Felix		CONTACT NAME							
			D	DISTRIBUTO	R INFORMATION						
STATE LICE	STATE LICENSE # C11-0000224-LIC		C	DRIVER'S NAME			Brandon Sumandal				
BUSINESS NAME Oz			Oz Distribution, Inc.		CA DRVR LIC #		D1309712				
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 95		950602126		VEHICLE MODEL		Transit					
PHONE NUMBER (831) 600-7710					VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL							
					HIPPED DETAILS						
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BELO	W					
									LINUT	TOTAL	
						OTV	QTY UNIT		UNIT	TOTAL RETAIL	
UID IT	EM NAME						REC'IDOST	TOTAL COST			
	-Kanebes Indica Flower	Wedding Cake 3.5	α			1	\$0.0			VALUE	
FL00561] S-Kanebes Indica Flower Herojuana 3.5g						0					
[FL00586] S		1	\$0.0								
FL00585] S - Kanebes Indica Flower Blackberry Fire 3.5g						1	\$0.0	\$0.01			
				PRODUCT	Γ REJECTION						
	IF PRODUCTS	ARE REJECTED P	LEASE CIRCLE THE I		G REJECTED IN THE PRODUCT	SHIPP	ED DETAILS	SECTION ABO	VE		
REASON E	FOR RECECTION										
KEKOOKT	OK REGEOTION										
			PROI	DUCT RECE	IPT CONFIRMATION						
	nat the contents of this s	•	•								
	ake custody of all items										
The product sheet(s).	cts circled abbove are re	ejected for delivery a	and remain in the custo	dy of the dist	ributor for return to the shipper as	indicate	ed in this form	and all attache	d produc	detail	
NAME OF	DEDCON DECENTRO	AND/OD				D.	IONIE				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED				