SALES INVOICE / SHIPPING MANIFEST

INVOICE	MANIFEST # SO62	01	ACTUAL DATE AND TIME O	E DEPARTURE 08/16	:/2010 06:12 A	M		
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL				
SHIPPER INFORMATION				RECEIVER INFORMATION				
STATE LICENSE # C11-0000224-LIC		STATE LICENSI	STATE LICENSE #		C9-18-0000023-TEMP			
TYPE OF LICENSE License		STATE LICENSI	2 #	C9-0000159-LIC				
BUSINESS NAME Oz Distribution, Inc.		TYPE OF LICEN	SE	Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAM	E	3B Delivery				
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADD	RESS	300 PENDLETON WAY, SUITE 330 CA			CA	
950602126		CITY, STATE, Z	P CODE	OAKLAND, CA 94621-2102				
PHONE NUMBER (831) 600-7710		PHONE NUMBE	R	(650) 228-3540				
CONTACT NAME Miguel Felix			CONTACT NAM	E				
			DISTRIBUTOR INFORMATION					
STATE LICENSE # C11-0000224-LIC		DRIVER'S NAMI		Angel Rodriguez				
BUSINESS NAME Oz Di		Oz Distribution, Inc.	CA DRVR LIC #		B9147506			
BUSINESS ADDRESS		195 Harvey West Blvd	VEHICLE MAKE		Ford			
CITY, STATE, ZIP CODE Santa		Santa Cruz, CA 950602126	VEHICLE MODE	L	Transit			
PHONE NUMBER (831) 600-7710		(831) 600-7710	VEHICLE LIC. P	LATE #	# 54269L2			
CONTACT NAME Miguel Felix		Miguel Felix	ACTUAL DATE	AND TIME OF				
			ARRIVAL					
		DECEN/E	PRODUCT SHIPPED DETAILS	NI LIMNIS DEL OW				
		RECEIVE	COMPLETES ONLY THE SHADED CO	DECIVING BELOW				
							UNIT	TOTAL
					QTY UNIT			RETAIL
UID	ITEM NAME				REC'IDOST	TOTAL COST		VALUE
Royal Tree Hybrid Flower Venom OG 3.5g				16				
	Royal Tree Indoor Flo	ower Indica Medcare Kush 3.5g		16	\$23.00	\$368.00		
			PRODUCT REJECTION					
	IF PRODUC	CTS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN T	HE PRODUCT SHIPP	PED DETAILS	SECTION ABO	VE	
DEASO	N FOR RECECTION							
KLAGO	NTOK KECECTION							
			PRODUCT RECEIPT CONFIRMATION	N				
		nis shipment match in weight and cou						
_	ducts circled abbove a	ems as inicated received above - and re rejected for delivery and remain in	which are not circled. the custody of the distributor for return to	the shipper as indicat	ed in this form	and all attache	d produc	t detail
NAME (OF PERSON RECEIVI	NG AND/OR		PH	HONE			
REJECTIONG PRODUCT				NU	JMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				D/	ATE SIGNED			