SALES INVOICE / SHIPPING MANIFEST

		SA	TES III V	OICE	/ SHIPPING MAIN	ILES) 1				
INVOICE/MANIFEST # SO6280				ACTU	ACTUAL DATE AND TIME OF DEPARTURE 08/14/2019 08:38 AM						
ATTACHE	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PER INFORM	IATION		REC	:FIVE	ER INFO	RMATIO	V		
					STATE LICENSE #						
		C11-0000224-LIC	J224-LIO		STATE LICENSE #		A10-17-0000109-temp				
		nc		TYPE OF LICENSE		Retailer Licer	180				
BUSINESS NAME Oz Distribution, Inc. BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Holistic Healing Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA		DIVU		BUSINESS ADDRESS	15501 San Pablo Ave						
CITT, 317	ATE, ZIF CODE	950602126	••		CITY, STATE, ZIP CODE		Richmond, CA 94806				
PHONE NUMBER (831) 600-7710				PHONE NUMBER		510-275-3365					
CONTAC		Miguel Felix			CONTACT NAME						
				DISTRIB	UTOR INFORMATION						
STATEII	CENSE #	C11-0000224-LI0	^		DRIVER'S NAME		Chad Muller				
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		C5538145				
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		330002120		VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COM		T SHIPPED DETAILS DNLY THE SHADED COLUMNS BEL	.OW					
									UNIT	TOTAL	
UID	ITEM NAME						QTY UNIT	TOTAL COST		RETAIL	
OID	Summit Boys Kosher Kush Caviar Crumble 1g					20				VALUE	
	Summit Boys Rosiner Rosin Caviar Crumble 1g					20					
[FL00407] Royal Tree Indoor Flower Dosido Indica 3.5g						64					
[. 200 .0.]	Kanebes Hybrid Flower Whitezilla 3.5g					96					
	Kanebes Indica Flower Emerald Essence OG 3.5g smalls					2					
	Summit Boys Caviar Crumble Banjo X OG 1g					20)		
				PROD	DUCT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	IE ITEMS E	BEING REJECTED IN THE PRODUC	T SHIP	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
			DE	2001107.0	EGEIDT GONEIDMATION						
l oc=f:	n that the acutants of th	io obiomontt-l- ic			ECEIPT CONFIRMATION						
		nis shipment match in we ems as inicated received									
_	ducts circled abbove a				clea. e distributor for return to the shipper a	s indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR						D	ATE SIGNED				

REJECTING PRODUCT