SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7492			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/29/2019 04:08 PM						
ATTACHED PAGES No			ESTIMATE	ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		3		STATE LICENSE #		C10-0000120-LIC				
TYPE OF LICENSE	License			STATE LICENSE2#		C10-0000120-LIC				
BUSINESS NAME	USINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd		st Blvd		BUSINESS NAME		Strains Loud n Clear				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		12011 Air Expy				
				CITY, STATE, ZIP CODE		Adelanto, CA 92301				
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(760) 780-8306				
CONTACT NAME Miguel Felix				CONTACT NAME						
		С	DISTRIBUTOI	R INFORMATION						
				Í						
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Brandon Sumandal D1309712				
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #						
BUSINESS ADDRESS	•	195 Harvey West Blvd Santa Cruz, CA 950602126		VEHICLE MAKE		Ford				
CITY, STATE, ZIP COD PHONE NUMBER		(831) 600-7710		VEHICLE MODEL VEHICLE LIC. PLATE #		Transit 54269L2				
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF		54269L2				
CONTACT NAME	wilguei Felix			ARRIVAL	-					
				HIPPED DETAILS THE SHADED COLUMNS BEL	.OW					
					OTV	QTY UNIT		UNIT	TOTAL RETAIL	
UID ITEM NAME							TOTAL COST			
CT00163] The Oz Hybrid GSC Cake Batter 1g					0				VALUE	
CT00176] The Oz Indica Shatter Purple Punch 1g					24					
CT00121] Summit Boys Crumble Mango Brulee 1g					24					
IF	PRODUCTS ARE REJECTED F	PLEASE CIRCLE THE		REJECTION REJECTED IN THE PRODUC	T SHIPP	ED DETAILS S	SECTION ABO	VE		
REASON FOR RECE	CTION									
REASON FOR RECE	CTION									
Land Care that the same	and a filt a literature of a solution			IPT CONFIRMATION						
	ents of this shipment match in w	•								
•	y of all items as inicated received abbove are rejected for delivery and the second second for delivery and the second se			ributor for return to the shipper a	s indicate	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR					PH	IONE				
REJECTIONG PRODUCT				NUMBER						
SIGNATURE OF PER				DA	TE SIGNED					