		SA	LESINV	OICE /	SHIPPING MAN.	IFES	51				
INVOICE/MANIFEST # SO7814				ACTUAL DATE AND TIME OF DEPARTURE 11/16/2019 11:56 AM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PPER INFORM	IATION		REC	CEIVE	ER INFO	RMATIO	V		
STATE LICENSE # C11-0000224-LIC			0		STATE LICENSE #		C11-0000179-LIC				
TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer Licen	se			
BUSINESS ADDRESS 195 Harvey West B		t Blvd		BUSINESS NAME		Northridge Caregivers Co op					
CITY, ST	ATE, ZIP CODE	Santa Cruz, CA			BUSINESS ADDRESS		11826 Sheldon St				
950602126					CITY, STATE, ZIP CODE		Sun Valley, CA 91352				
PHONE NUMBER (831) 600-7710				PHONE NUMBER			0				
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBUT	OR INFORMATION						
STATE LICENSE # C11-0000224-LIC					DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9147506				
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				
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COI		SHIPPED DETAILS LY THE SHADED COLUMNS BEL	OW					
									UNIT	TOTAL	
							' QTY UNIT			. RETAIL	
UID	ITEM NAME						REC'IDOST	TOTAL COST		VALUE	
ED00019] Heavenly Sweet Edible Treats Berry Crunch 100mg THC					10	-					
ED00033] Heavenly Sweet Edible Treats Chocolate 100mg THC							0 \$8.50				
[ED00021] Heavenly Sweet Edible Treats Fruity 100mg THC [ED00034] Heavenly Sweet Edible Treats Classic 100mg THC						10	-				
[ED00034] Heavenly Sweet Edible Treats Classic Tooling Tric							0 \$4.00				
[ED00022] Heavenly Sweet Edible Treats Rocky Road 100mg THC				D Zonig Trio		10					
	IE DDODU	OTO ADE DE IEOTED D	. EAGE OIDOLE T		CT REJECTION	XT 01 11 D	DED DETAIL O	DEOTION ADO			
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE II	HE ITEMS BEI	NG REJECTED IN THE PRODUC) SHIPI	PED DETAILS :	SECTION ABO	VE		
REASC	ON FOR RECECTION										
				DODUOT DEC	DEIDT CONFIDMATION						
Loopfin	m that the contents of th	nis shipment match in we			CEIPT CONFIRMATION						
		ems as inicated received	-								
_	oducts circled abbove a				u. istributor for return to the shipper a	as 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/O							ATE SIGNED				

REJECTING PRODUCT