SALES INVOICE / SHIPPING MANIFEST

INIVOICE	/MANIFEST # SO6649		ACTUAL	DATE AND TIME OF DEDARTIBE	00/0/	1/2010 (11·27 D	M			
INVOICE/MANIFEST # SO6649 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/04/2019 01:27 PM ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIPP	PER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC		STATE LICENSE #		C10-0	000218	3-LIC			
TYPE OF LICENSE License			STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Ecocann						
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		306 F Street						
950602126			CITY, STATE, ZIP CODE		Eureka, CA 95501						
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(707) 2404220						
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUT	OR INFORMATION							
STATELL	ICENSE #	C11-0000224-LIC		DRIVER'S NAME		Bradle	v Marti	nez			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		Bradley Martinez B9489158					
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					
CONTAC	T NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
			PRODUCT	SHIPPED DETAILS							
		RECEIVE	ER COMPLETES ON	LY THE SHADED COLUMNS BELOV	W						
					OTV	OTV I	INIIT		UNIT	TOTAL	
UID ITEM NAME				QTY			TOTAL COST		RETAIL		
S -Summit Boys Caviar Sugar Cali Girl 1g					REC'I	\$0.01			VALUE		
S -Summit Boys Sundae Driver Live Resin Caviar 1g							\$0.01				
	5 -Summit Boys Sumae	Briver Live Resili Caviar 19				1	ψ0.01	ψ0.01			
			PRODU	CT REJECTION							
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SE								SECTION ABO	VE		
REASC	ON FOR RECECTION										
			PRODUCT REC	CEIPT CONFIRMATION							
I confirm	m that the contents of this	shipment match in weight and co	ount as indicated above	ve.							
_	oducts circled abbove are	s as inicated received above - an rejected for delivery and remain in		ed. distributor for return to the shipper as	indica	ted in th	nis form	and all attache	d produc	t detail	
	,										
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D	ATE SIG	GNED				