SALES INVOICE / SHIPPING MANIFEST

INIVOLOF/MANUFECT # COZE	00	ACTUAL DA	ATE AND TIME OF DEDARTING	44/04	/0040 00:45 5	h.4			
INVOICE/MANIFEST # SO7563 ATTACHED PAGES No			ATE AND TIME OF DEPARTURE D DATE AND TIME OF ARRIVAL		/2019 03:45 P	IVI			
				.					
SHIF	PPER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #	C10-0000405-LIC					
TYPE OF LICENSE	License		STATE LICENSE2 #	C10-0000405-LIC					
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd		BUSINESS NAME		Cookies Melrose				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS AD			8360 W Melrose Ave #101				
	950602126		CITY, STATE, ZIP CODE West Hollywood, CA 90069						
PHONE NUMBER	(831) 600-7710		PHONE NUMBER	323-433-4743					
CONTACT NAME	Miguel Felix		CONTACT NAME						
		DISTRIBUTOR	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						
		PRODUCT SHI	IPPED DETAILS						
	RECEIVE	R COMPLETES ONLY	THE SHADED COLUMNS BELO	W					
							UNIT	TOTAL	
					QTY UNIT			RETAIL	
UID ITEM NAME					REC'DOST	TOTAL COST		VALUE	
[ED00021] Heavenly Sweet Edible Treats Fruity 100mg THC				60					
[ED00058] S - Heavenly Sweet Edible Treats Fruity 100mg THC				1	\$0.0	\$0.01			
		PRODUCT	REJECTION						
IF PRODUC	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING	REJECTED IN THE PRODUCT	SHIPP	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION									
REAGONT ON REGESTION									
		PRODUCT RECEI	PT CONFIRMATION						
I confirm that the contents of the	nis shipment match in weight and cou	ınt as indicated above.							
,	ems as inicated received above - and re rejected for delivery and remain in		butor for return to the shipper as	indicat	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVI REJECTIONG PRODUCT	NG AND/OR				HONE JMBER				
SIGNATURE OF PERSON RE REJECTING PRODUCT	ECEIVING AND/OR			DA	ATE SIGNED				