## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7133		ACTUAL DATE AND TIME OF DEPARTURE 10/07/2019 02:54 PM						
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL						
_					_			
S	HIPPER INFORMATION	RECE	RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10	-0000371	-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	TYPE OF LICENSE Retailer License					
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Zen	West Hol	lywood			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126  PHONE NUMBER (831) 600-7710		BUSINESS ADDRESS	8464 Santa Monica Blvd West Hollywood, CA 90069 (323) 656-6666					
		CITY, STATE, ZIP CODE						
		PHONE NUMBER						
CONTACT NAME	Miguel Felix	CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE # C11-0000224-LIC		DRIVER'S NAME	Ang	Angel Rodriguez				
BUSINESS NAME Oz Distribution, Inc.		CA DRVR LIC #	B9147506					
BUSINESS ADDRESS 195 Harvey West Blvd		VEHICLE MAKE	Ford	Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL	Trar	Transit				
PHONE NUMBER (831) 600-7710		VEHICLE LIC. PLATE #	542	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL						
	DECEMBED O	PRODUCT SHIPPED DETAILS	.,					
	RECEIVER	OMPLETES ONLY THE SHADED COLUMNS BELOV	/V					
			QTY QTY	LINIT		UNIT	TOTAL RETAIL	
JID ITEM NAME			ORD REC		TOTAL COST			
	renge - Indica Annle - 5mg		500	\$0.50			VALUE	
[ED00118] Dollar Dose - lozenge - Indica Apple - 5mg [ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg			500	\$0.50				
ED00010] Dollar D03e - 102	enge - Saliva Watermelon - Sing		300	ψ0.50	Ψ230.00			
		PRODUCT REJECTION						
IF PRO	ODUCTS ARE REJECTED PLEASE CIRCLE	THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED [	DETAILS	SECTION ABO	VE		
REASON FOR RECECTI	ON							
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents	s of this shipment match in weight and count							
I agree to take custody of	all items as inicated received above - and when the same inicated received receive		indicated in	this form	and all attache	d produc	t detail	
	PEIVING AND/OR		DHONE	_				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBI					
SIGNATURE OF PERSO REJECTING PRODUCT	N RECEIVING AND/OR		DATE S	SIGNED				