SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO6934			ACTUAL DATE AND TIME OF DEPARTURE 09/19/2019 03:04 PM									
ATTACHED PAGES No	ESTIMATED DATE AND TIME OF ARRIVAL											
SHIPPER INFORMATION				RECEIVER INFORMATION								
STATE LICENSE #	C11-0000224-LIC			STATE LICENSE #		C10-	-0000150-	LIC				
TYPE OF LICENSE	License			STATE LICENSE2#								
BUSINESS NAME	Oz Distribution, Inc.	Inc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS	195 Harvey West Blvd	st Blvd		BUSINESS NAME		Redwood Coast Collective						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	JSINESS ADDRESS 10090 Highway 9							
				CITY, STATE, ZIP CODE	Ben Lomond, CA 95005							
PHONE NUMBER (831) 600-7710				PHONE NUMBER 8			831.336.8795					
CONTACT NAME	CONTACT NAME		CONTACT NAME									
		DI	ISTRIBUTOF	RINFORMATION								
STATE LICENSE #	ICENSE # C11-0000224-LIC			DRIVER'S NAME		Angel Rodriguez						
SUSINESS 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								
	RE			IIPPED DETAILS THE SHADED COLUMNS BELO	OW							
UID ITEM NAME							UNIT	TOTAL COST		TOTAL RETAIL VALUE		
[CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz					12		\$22.00	\$264.00		.,		
[CO00165] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz					12		\$33.00	\$396.00				
S -Summit Boys Caviar Crumble Gorilla OG 1g						1	\$0.01	\$0.01				
			PRODUCT	REJECTION								
IF PRODU	ICTS ARE REJECTED PLEAS	E CIRCLE THE IT	TEMS BEING	REJECTED IN THE PRODUC	T SHIP	PED D	ETAILS S	SECTION ABO	VE			
REASON FOR RECECTION												
		PROD	DUCT RECEI	PT CONFIRMATION								
I confirm that the contents of	this shipment match in weight a											
,	tems as inicated received abov are rejected for delivery and rer			ibutor for return to the shipper as	s indica	ted in	this form a	and all attache	d product	t detail		
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT				NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D.	ATE S	SIGNED					