SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7466 AG			ACT	ACTUAL DATE AND TIME OF DEPARTURE 10/29/2019 04:07 PM								
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC)		STATE LICENSE #		C10-0000094-LIC						
TYPE OF	OF LICENSE License				STATE LICENSE2 #		C10-0000094-LIC					
BUSINESS NAME Oz Distribution, Inc.			. TYP		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			lvd		BUSINESS NAME		Desert Organic Solutions					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	SS 19486 Newhall St							
				CITY, STATE, ZIP CODE		Palm Springs, CA 92240						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		760-288-4000						
CONTACT NAME Miguel Felix				CONTACT NAME	CONTACT NAME							
				DISTRIE	BUTOR INFORMATION							
STATE LI	CENSE #	C11-0000224-LIC			DRIVER'S NAME	Brandon Suma			andal			
BUSINESS NAME		Oz Distribution, In	Oz Distribution, Inc.		CA DRVR LIC #		D1309712					
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710	(831) 600-7710		VEHICLE LIC. PLATE #	VEHICLE LIC. PLATE # 54269L2						
CONTAC	Г NAME	Miguel Felix			ACTUAL DATE AND TIME O	F						
				PRODU	CT SHIPPED DETAILS							
			RECEIVER COM	MPLETES	ONLY THE SHADED COLUMNS BE	LOW						
UID	ITEM NAME					ORD	QTY I	DOST	TOTAL COST	VALUE	TOTAL RETAIL VALUE	
	FL00588] Royal Tree Indoor Flower Super Glue Sativa 3.5g					32		\$21.00	\$672.00			
[FL00325]	FL00325] Royal Tree Indoor Flower Indica GG1 3.5g					32		\$21.00	\$672.00			
	Royal Tree Shelf S	Support					2	-\$21.00	-\$42.00			
	IF PROF	DUCTS ARE REJECTED PL	FASE CIRCLE TH		DUCT REJECTION BEING REJECTED IN THE PRODUC	CT SHIPE	PED DE	TAII S S	SECTION ABO	VF		
DE 100												
REASO	N FOR RECECTION	N										
Loonfirm	that the contents of	of this shipment match in we			RECEIPT CONFIRMATION							
I agree t	to take custody of alducts circled abbove	Il items as inicated received	above - and which	h are not ci		as indica	ted in tl	nis form a	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT							ATE SI					