## SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANIEEST # SOCO	70	ACTUAL DATE	E AND TIME OF DEPARTURE	00/24/	2010 02:50 5	N A			
INVOICE/MANIFEST # SO6979 ATTACHED PAGES No			DATE AND TIME OF ARRIVAL		2019 02.59 F	IVI			
SHIP	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		s	STATE LICENSE # C12-0000204-LIC			1-LIC			
TYPE OF LICENSE	License		STATE LICENSE2 # C12-0000204-LIC						
BUSINESS NAME	Oz Distribution, Inc.	Т	YPE OF LICENSE	Retailer License					
BUSINESS ADDRESS	195 Harvey West Blvd	В	USINESS NAME	DESERT S FINEST PATIENTS COOPERATIVE INC					
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS		12106 Palm Dr					
950602126		C	ITY, STATE, ZIP CODE		Desert Hot Springs, CA 92240				
PHONE NUMBER	(831) 600-7710	P	PHONE NUMBER (833) 438-5874						
CONTACT NAME	Miguel Felix	C	ONTACT NAME						
		DISTRIBUTOR IN	IFORMATION						
STATE LICENSE # C11-0000224-LIC			RIVER'S NAME		Brandon Sumandal				
BUSINESS NAME Oz Distribution, Inc.		С	CA DRVR LIC #		D1309712				
BUSINESS ADDRESS 195 Harvey West Blvd		V	VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		V	VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-7710		V	VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME	Miguel Felix		CTUAL DATE AND TIME OF RRIVAL						
	DEOEM (	PRODUCT SHIPE							
	RECEIVE	R COMPLETES ONLY TH	IE SHADED COLUMNS BELO	VV					
				071	OT) / I II II T		UNIT	TOTAL	
UID ITEM NAME					QTY UNIT	TOTAL COST		RETAIL	
[ED0064] Heavenly Sweet Edible Treats Berry Crunch 100mg THC				20	REC' DOST \$6.38	TOTAL COST \$127.60		VALUE	
[ED0067] Heavenly Sweet Edible Treats Berry Grand Troong THO				20	\$6.38				
[22000.]	o mode many rooms me				φοιοι	ψ. <u>Σ</u> 1.00			
		PRODUCT RE							
IF PRODUC	CTS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING R	EJECTED IN THE PRODUCT	SHIPP	ED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION									
		PRODUCT RECEIPT	CONFIDMATION						
I confirm that the contents of th	is shipment match in weight and co		CONFIRMATION						
	ems as inicated received above - an								
_ ·	re rejected for delivery and remain in		tor for return to the shipper as	indicate	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVIN	NG AND/OR			PH	ONE				
REJECTIONG PRODUCT				NU	IMBER				
SIGNATURE OF PERSON RE REJECTING PRODUCT	CEIVING AND/OR			DA	TE SIGNED				