SALES INVOICE / SHIPPING MANIFEST

INI\/OICE/M	ANIFEST # SO7972		ACTUAL	DATE AND TIME OF DEPARTURE	12/0	4/2010	04:35 DI	A			
INVOICE/MANIFEST # SO7972 ATTACHED PAGES No				ED DATE AND TIME OF ARRIVAL		4/2013	04.33 FT	VI			
,	11.020				-						
	SHIPPI	ER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE # C11		C11-0000224-LIC	LIC STATE LICENSE #		C10-0000380-LIC						
TYPE OF LI		License		STATE LICENSE2 #							
BUSINESS	USINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE	OF LICENSE Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Mount Shasta Patient Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		408 S Mt. Shasta Blvd					
950602126				CITY, STATE, ZIP CODE		Mt. Shasta, CA 96067					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(530) 926-6337					
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUTO	OR INFORMATION							
STATE LICE	ENSE #	C11-0000224-LIC		DRIVER'S NAME		Rode	l Jardele	za			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B82636677					
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							
		RECEIVE		SHIPPED DETAILS Y THE SHADED COLUMNS BELO)W						
					OTY	΄ QTY Ι	INIT		UNIT RETAII	TOTAL RETAIL	
JID I	TEM NAME					REC'I		TOTAL COST			
[ED00012] Heavenly Sweet - Treat - Kringle's Krunch - 100mg THC					2	0	\$8.50	\$170.00			
		ingles Peppermint Bark 10mg Th	HC		5	0	\$2.50	\$125.00			
			PRODUC	CT REJECTION							
	IF PRODUCTS	ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEI	NG REJECTED IN THE PRODUCT	SHIPI	PED DE	ETAILS S	SECTION ABO	VE		
REASON	FOR RECECTION										
			DDODUOT DEO	FIDT CONFIDMATION							
				EIPT CONFIRMATION							
I agree to	take custody of all items	hipment match in weight and cou as inicated received above - and ejected for delivery and remain in	d which are not circled		indica	ited in th	nis form	and all attache	d produc	t detail	
sheet(s).											
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBEF	2				
	RE OF PERSON RECEI NG PRODUCT	VING AND/OR			D	ATE SI	GNED				