SALES INVOICE / SHIPPING MANIFEST

SHIPPER INFORMATION	INVOICE/MANIFEST # SO71:	50	ACTUAL	DATE AND TIME OF DEPARTURE	= 10/07/3	0010 02:53 P	M		
STATE LICENSE # C11-0000224-LIC STATE LICENSE # C9-0000082-LIC TYPE OF LICENSE LICENSE December 1		00				2010 02.001	ivi		
STATE LICENSE # C11-0000224-LIC STATE LICENSE # C9-0000082-LIC TYPE OF LICENSE LICENSE December 1									
TYPE OF LICENSE License STATE LICENSE2 # Retailer License BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME Pineapple Express CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS \$200 E. 60th St. CITY, STATE, ZIP CODE Maywood, CA 90270 PHONE NUMBER (831) 600-7710 PHONE NUMBER 0 CONTACT NAME Miguel Felix CONTACT NAME Angel Rodriguez BUSINESS ADMES 2 Contract Name Angel Rodriguez BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE MAKE Ford BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE MAKE Ford BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE MODEL Transit PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # \$4289L2 CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW UN	SHIF	PER INFORMATION		RECEIVER INFORMATION					
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I agree to take custody of all items as inicated received above - and which are not circled.									
The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached product detail sheet(s).	The products circled abbove a				indicated	d in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR PHONE NUMBER		NG AND/OR							
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