## SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO6285		ACTUAL	DATE AND TIME OF DEDARTIBE	08/13	1/2010 02:42 E	NA			
INVOICE/MANIFEST # SO6285 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 08/13/2019 02:43 PM ESTIMATED DATE AND TIME OF ARRIVAL						
	SHIPF	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE # C11-00		C11-0000224-LIC	IC STATE LICENSE #			A10-18-0000	145-TEMP			
TYPE OF LICENSE License		License		STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Compassionate Heart					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		190 Kuki Lane #2					
950602126			CITY, STATE, ZIP CODE		Ukiah, CA 95482					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(707)462-5100					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUT	OR INFORMATION						
STATE I	ICENSE #	C11-0000224-LIC		DRIVER'S NAME		Brandon Sur	nandal			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		D1309712				
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						
			PRODUCT	SHIPPED DETAILS						
		RECEIVE	ER COMPLETES ON	LY THE SHADED COLUMNS BELO	W					
					QTY	QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
UID ITEM NAME				ORD	REC'IDOST	TOTAL COST	VALUE	VALUE		
Royal Tree Indoor Flower Indica Medcare Kush 3.5g					\$21.50	\$688.00				
	Royal Tree Indoor Flow	er Sativa Jungle Juice 3.5g			32	\$21.50	\$688.00			
			PRODU	CT REJECTION						
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS								VE		
REASO	ON FOR RECECTION									
			PRODUCT REC	CEIPT CONFIRMATION						
		shipment match in weight and co								
	oducts circled abbove are	ns as inicated received above - and rejected for delivery and remain in		id. istributor for return to the shipper as	indicat	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DA	ATE SIGNED				