## SALES INVOICE / SHIPPING MANIFEST

INVOICE/M/	IANIFEST #	SO5044			ACTUAL DA	ATE AND TIME OF	DEPARTURE	E 05/15	/2019	02:03 PN	1			
ATTACHED PAGES No					ACTUAL DATE AND TIME OF DEPARTURE 05/15/2019 02:03 PM ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION						RECEIVER INFORMATION								
STATE LICENSE #			A11-18-0000248-TEMP			STATE LICENSE #			C10-18-0000142-TEMP					
TYPE OF LICENSE			Adult-Use Distribution Temporary Licence		ce	STATE LICENSE2#								
BUSINESS NAME			Oz Distribution, In	z Distribution, Inc.		TYPE OF LICENSE			Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd		BUSINESS NAME			Harvest of Napa						
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS			2441	2nd St.					
			950602126			CITY, STATE, ZIP CODE			Napa, CA 94559					
PHONE NUMBER			(831) 600-7710	0		PHONE NUMBER			0					
CONTACT NAME Mi			Miguel Felix			CONTACT NAME								
				DI	CTDIDLITOD	INFORMATION								
				Dis	STRIBUTUR	INFORMATION								
STATE LICE	STATE LICENSE #		A11-18-0000248	A11-18-0000248-TEMP		DRIVER'S NAME			Francisco Maldorado					
BUSINESS NAME		Oz Distribution, In	Oz Distribution, Inc.		CA DRVR LIC #			F2095173						
BUSINESS ADDRESS			195 Harvey West	Blvd		VEHICLE MAKE			Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Cruz, CA 950602126		VEHICLE MODEL			Transit						
PHONE NUI	MBER		(831) 600-7710			VEHICLE LIC. PLATE #			5426	9L2				
CONTACT N	NAME		Miguel Felix			ACTUAL DATE AND TIME OF								
						ARRIVAL								
				PR	RODUCT SH	PPED DETAILS								
				RECEIVER COMPLE	ETES ONLY	THE SHADED COL	LUMNS BELC	W						
												UNIT	TOTAL	
							QTY QTY UNI						RETAIL	
JID I	TEM NAME							ORD	REC'	DOST	TOTAL COST		VALUE	
								1		\$0.00	\$0.00			
								1		\$0.00	\$0.00			
								1		\$0.01	\$0.01			
								1		\$0.01	\$0.01			
								1		\$0.00	\$0.00			
								1		\$0.01	\$0.01			
					PRODUCT	REJECTION								
	IFP	RODUCTS	S ARE REJECTED PI	LEASE CIRCLE THE IT	TEMS BEING	REJECTED IN TH	IE PRODUCT	SHIPP	ED DI	ETAILS S	SECTION ABO	VE		
REASON	FOR RECEC	NOIT												
KLASON	TORREGEC	TION												
				PROD	UCT RECEI	PT CONFIRMATIO	N							
I confirm t	hat the conte	nts of this	shipment match in we	eight and count as indica										
			•	above - and which are										
-	-			nd remain in the custod		butor for return to t	he shipper as	indicate	ed in t	his form	and all attache	d produc	detail	
NAME OF PERSON RECEIVING AND/OR						PHONE								
REJECTIONG PRODUCT						NUMBER								
	IRE OF PERS		EIVING AND/OR					DA	ATE SI	GNED				