## SALES INVOICE / SHIPPING MANIFEST

INIVOIC	MANIFEST # SO6455		ACTUAL DATE AND TIME OF DEPARTU	DE 09/27/201	0 11·45 A	\ <b>1</b>			
INVOICE/MANIFEST # SO6455 ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIV		3 11.43 A	VI			
	SHIPF	PER INFORMATION	REG	RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	STATE LICENSE #	M10-17-0000056-TEMP					
TYPE OF LICENSE License			STATE LICENSE2 #		A10-17-0000082-TEMP				
BUSINESS NAME Oz Distribution, Inc.		Oz Distribution, Inc.	TYPE OF LICENSE	Ret	Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME	Sou	South Coast Safe Access					
CITY, STATE, ZIP CODE Santa Cruz, CA		Santa Cruz, CA	BUSINESS ADDRESS	190	1900 Warner AVE				
950602126		950602126	CITY, STATE, ZIP CODE	San	Santa Ana, CA 92705				
PHONE NUMBER (831) 600-7710		(831) 600-7710	PHONE NUMBER	(714	(714) 686-5001				
CONTACT NAME Miguel Felix			CONTACT NAME						
			DISTRIBUTOR INFORMATION						
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME	DRIVER'S NAME Angel Rodr					
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #	_	B9147506				
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				
		Miguel Felix	ACTUAL DATE AND TIME O						
		, u	ARRIVAL						
			PRODUCT SHIPPED DETAILS						
		RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BEI	I OW					
		RECEIVE	COOMITEETED ONE! THE OFFICE DOCUMENTO BEI	LOW					
							UNIT	TOTAL	
				QTY QTY	UNIT			RETAIL	
UID	ITEM NAME			ORD REC	COST	TOTAL COST	VALUE	VALUE	
	Royal Tree Indoor Flower Chemdawg Sativa 3.5g				\$21.00	\$1,344.00			
S -Royal Tree Indoor Flower Chemdawg Sativa 3.5g				1	\$0.01	\$0.01			
			PRODUCT REJECTION						
	IF PRODUCT	S ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPPED I	DETAILS	SECTION ABO	VE		
REAS	ON FOR RECECTION								
			DDODUCT DECEIDT CONFIDMATION						
	and a tale and a tale of the factors	alta an at an atala ta anatala a a di an	PRODUCT RECEIPT CONFIRMATION						
		shipment match in weight and count as as inicated received above - and							
_	oducts circled abbove are		the custody of the distributor for return to the shipper	as indicated in	this form	and all attache	d produc	t detail	
		2 AND/OD		DUON	=				
NIANAT	OF DEDCOM DECENTIALS			PHONE	=				
	OF PERSON RECEIVING	5 AND/OR		NIIMRI	FR				
REJE	OF PERSON RECEIVING CTIONG PRODUCT CTURE OF PERSON RECI			NUMBI DATE S	ER SIGNED				