## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST #	SO7625		ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/08/2019 04:29 PM							
ATTACHED PAGES	AGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIPPER INFORM	ATION			RECE	EIVEF	R INFO	RMATION	١		
STATE LICENSE # C11-0000224-LIC				STATE LICENSE # C10-0000087-LIC							
TYPE OF LICENSE	License			STATE LICENSE2 #			10 0000007	LIO			
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE			R	Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME			Canopy Wellness				
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADD	RESS	118 N Milpas St.					
950602126				CITY, STATE, ZIP CODE		S	Santa Barbara, CA 93103				
PHONE NUMBER	(831) 600-7710	710		PHONE NUMBER		0	0				
CONTACT NAME		CONTACT NAME									
		I	DISTRIBUTOF	RINFORMATION							
OTATE LIGENOE "	044 0000004 14			DDIVEDIO NAME			I D I				
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME			Angel Rodriguez				
BUSINESS NAME BUSINESS ADDRESS		Oz Distribution, Inc. 195 Harvey West Blvd			CA DRVR LIC # VEHICLE MAKE			B9147506 Ford			
CITY, STATE, ZIP CODI		· · · · · · · · · · · · · · · · · · ·			VEHICLE MODEL			Transit			
PHONE NUMBER	(831) 600-7710	Santa Cruz, CA 950602126			VEHICLE LIC. PLATE #			54269L2			
CONTACT NAME		Miguel Felix		ACTUAL DATE AND TIME OF			0.120022				
00.11.710.11.71.11.12	iniguoi i oiix			ARRIVAL							
UID ITEM NAME  [ED00150] Dreamers Edible Chocolate Indica 100mg  [ED00154] Dreamers Edible Chocolate Apricot Indica 100mg  [ED00147] Dreamers Edible Chocolate Sativa 100mg  [ED00145] Dreamers Edible Chocolate Sativa 100mg  [ED00145] Dreamers Edible Chocolate Sativa Blueberry 100mg  [CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz  [ED00017] Dollar Dose - lozenge - Sativa Hibiscus - 5mg  [ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg  [ED00118] Dollar Dose - lozenge - Indica Apple - 5mg  [ED00120] Dollar Dose - lozenge - Indica Rootbeer - 5mg  [CT00211] S -Summit Boys Caviar Crumble Pac Glue 1g					DLUMNS BELOV	QTY Q	TY UNIT EC DOST \$8.50 \$8.50 \$8.50 \$3.00 \$0.50 \$0.50 \$0.50	\$637.50 \$637.50 \$637.50 \$660.00 \$100.00 \$100.00 \$100.00	VALUE	TOTAL RETAIL VALUE	
IF F	PRODUCTS ARE REJECTED P	LEASE CIRCLE THE		REJECTION REJECTED IN T	HE PRODUCT	SHIPPEI	D DETAILS :	SECTION ABO	VE		
REASON FOR RECEG	CTION										
		PRC	DDUCT RECE	PT CONFIRMATION	ON						
I agree to take custody	ents of this shipment match in we of all items as inicated received bbove are rejected for delivery a	above - and which a	are not circled.	ibutor for return to	o the shipper as i	ndicated	in this form	and all attache	d produc	t detail	
NAME OF PERSON R	NAME OF PERSON RECEIVING AND/OR					PHO	NE IBER				
SIGNATURE OF PERSON RECEIVING AND/OR				DATE SIGNED							

REJECTING PRODUCT