SALES INVOICE / SHIPPING MANIFEST

| INVOICE/MANIFE | ST # SO7728 | 8 | ACTUAL D | DATE AND TIME OF DEPARTURE | 11/18/ | 2019 03:16 PN | 1 | | | | |
|---|---------------------------------|---------------------------------------|---------------------------|--|---------------------|------------------------------|-------------------|----------|-----------------|--|--|
| ATTACHED PAGES No | | | | ACTUAL DATE AND TIME OF DEPARTURE 11/18/2019 03:16 PM ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | | |
| | | | | | | | | | | | |
| | SHIPI | PER INFORMATION | | RECEIVER INFORMATION | | | | | | | |
| STATE LICENSE # C11-0000224-LIC | | | STATE LICENSE # | | C10-0000517-LIC | | | | | | |
| TYPE OF LICENSE License | | | STATE LICENSE2 # | | 0.0 0000011 2.0 | | | | | | |
| BUSINESS NAME Oz Distribution, Inc. | | | | TYPE OF LICENSE | | Retailer License | | | | | |
| BUSINESS ADDRI | ESS | 195 Harvey West Blvd | | BUSINESS NAME | | Higher Level of Care Seaside | | | | | |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710 | | | | BUSINESS ADDRESS | 1440 Canyon Del Rey | | | | | | |
| | | | | CITY, STATE, ZIP CODE | | | Seaside, CA 93955 | | | | |
| | | | | PHONE NUMBER | 831-583-8300 | | | | | | |
| CONTACT NAME | | Miguel Felix | | CONTACT NAME | | | | | | | |
| | | | | | | | | | | | |
| | | | DISTRIBUTO | R INFORMATION | | | | | | | |
| STATE LICENSE # | STATE LICENSE # C11-0000224-LIC | | | DRIVER'S NAME | | Rodel Jardeleza | | | | | |
| BUSINESS NAME | | Oz Distribution, Inc. | | CA DRVR LIC # | | B82636677 | | | | | |
| | | 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 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | DE 0511/5 | | HIPPED DETAILS | | | | | | | |
| | | RECEIVE | ER COMPLETES ONLY | THE SHADED COLUMNS BELO | VV | | | | | | |
| | | | | | | | | LINIT | TOTAL | | |
| | | | | | OTV | QTY UNIT | | UNIT | TOTAL RETAIL | | |
| UID ITEM N | ΔME | | | | | | TOTAL COST | | | | |
| CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g | | | | 48 | \$16.00 | \$768.00 | | VALUE | | | |
| [CT00130] Summit Boys Caviar Crumble Holbidden Gunser 1g | | | | | 48 | \$16.00 | \$768.00 | | | | |
| [CT00234] Summit Boys Caviar Crumble Miss USA 1g | | | | | 48 | \$16.00 | \$768.00 | | | | |
| [CT00129] Summit Boys Caviar Crumble Banjo 1g | | | | | 48 | \$16.00 | \$768.00 | | | | |
| - | | . 0 | | | | | | | | | |
| | | | PRODUCT | T REJECTION | | | | | | | |
| | IF PRODUC | TS ARE REJECTED PLEASE CIRC | CLE THE ITEMS BEING | G REJECTED IN THE PRODUCT | SHIPP | ED DETAILS S | ECTION ABO | VE | | | |
| | | | | | | | | | | | |
| REASON FOR R | ECECTION | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | PRODUCT RECE | IPT CONFIRMATION | | | | | | | |
| I confirm that the | contents of this | s shipment match in weight and co | unt as indicated above. | | | | | | | | |
| I agree to take cu | stody of all iter | ms as inicated received above - and | d which are not circled. | | | | | | | | |
| The products circ | eled abbove are | e rejected for delivery and remain in | n the custody of the dist | tributor for return to the shipper as | indicate | ed in this form | and all attache | d produc | t detail | | |
| sheet(s). | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME OF PERS | | G AND/OR | | | | PHONE | | | | | |
| REJECTIONG P | | | | | | IMBER | | | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT | | | | | DA | TE SIGNED | | | | | |
| | | | | | | | | | | | |