SALES INVOICE / SHIPPING MANIFEST

INIVOICE/N	MANIEEST #	SO6480	ACTUAL DATE AND TIME OF I	7EDADTI IDE 08/28	2/2010 08·24 A	M		
INVOICE/MANIFEST # SO6480 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 08/28/2019 08:34 AM ESTIMATED DATE AND TIME OF ARRIVAL				
, ,	217.020	,	201111111222211127111271112	o. / /				
	(SHIPPER INFORMATION		RECEIVER INFORMATION				
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	STATE LICENSE #	ŧ	M10-17-0000	119-TEMP		
TYPE OF LICENSE License		License	STATE LICENSE2	STATE LICENSE2#				
BUSINESS NAME Oz Distribution, Inc.		TYPE OF LICENSE	<u> </u>	Retailer Licer	ise			
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Sonoma Patie	ent Group			
CITY, STATE, ZIP CODE Santa Cruz, CA		·	BUSINESS ADDRE	ESS	2425 Clevela	nd Ave #175		
950602126		950602126	CITY, STATE, ZIP	CODE	Santa Rosa,	CA 95403		
PHONE NUMBER (831) 600-7710		PHONE NUMBER	FR 707-526-2800					
CONTACT NAME Miguel Felix			CONTACT NAME					
			DISTRIBUTOR INFORMATION					
STATE LICENSE # C11-		C11-0000224-LIC	DRIVER'S NAME		Francisco Maldorado			
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #		F2095173			
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. PLA	TE#	54269L2			
CONTACT NAME		Miguel Felix	ACTUAL DATE AN	ACTUAL DATE AND TIME OF				
			ARRIVAL					
		DECEIVED (PRODUCT SHIPPED DETAILS	LIMNS BELOW				
		RECEIVER	COMPLETES ONLY THE SHADED COL	OWINS BELOW				
							UNIT	TOTAL
			QTY	QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD	REC'IDOST	TOTAL COST	VALUE	VALUE	
S-Dreamers Edible Chocolate Sativa Blueberry 100mg						\$0.07		
S-Dreamers Edible Chocolate Hybrid Caramel Macchiato 100mg			Omg	14	\$0.01	\$0.14		
			PRODUCT REJECTION					
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE								
REASON	N FOR RECEC	TION						
			PRODUCT RECEIPT CONFIRMATION	1				
I confirm	that the conter	nts of this shipment match in weight and count	as indicated above.					
I agree to	take custody	of all items as inicated received above - and w	hich are not circled.					
The prod sheet(s).		bove are rejected for delivery and remain in the	e custody of the distributor for return to th	e shipper as indicat	ted in this form	and all attache	d produc	t detail
NAME O	F PERSON RE	ECEIVING AND/OR		PH	HONE			
REJECTIONG PRODUCT				NUMBER				
	URE OF PERS	SON RECEIVING AND/OR T		DA	ATE SIGNED			
IVEDECT	IING FRODUC	1						