SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO746	88	ACTUAL DATE AND TIME OF DEPARTURE	= 10/25/2010 03·52 P	M			
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		IVI			
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SHIPPER INFORMATION		RECI	RECEIVER INFORMATION				
STATE LICENSE #	TATE LICENSE # C11-0000224-LIC		C10-0000536	C10-0000536-LIC			
TYPE OF LICENSE	License	STATE LICENSE # STATE LICENSE2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Licer	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	RDC Collective				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	18448 Oxnar	18448 Oxnard St			
950602126		CITY, STATE, ZIP CODE	Tarzana, CA 91356				
PHONE NUMBER			+1 818-757-0434				
CONTACT NAME	CONTACT NAME						
	Miguel Felix						
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Angel Rodrig	Angel Rodriguez			
BUSINESS NAME Oz Distribution, Inc.		CA DRVR LIC #	B9147506	B9147506			
BUSINESS ADDRESS 195 Harvey West Blvd		VEHICLE MAKE	Ford	Ford			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL	Transit	Transit			
PHONE NUMBER (831) 600-7710		VEHICLE LIC. PLATE #	54269L2	54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF					
		ARRIVAL					
	RECEIVER	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COLUMNS BELO	oW				
	REGERVER	TOOM LETES SHET THE STREET SCHOOLS					
					UNIT	TOTAL	
I I I I I I I I I I I I I I I I I I I			QTY QTY UNIT			RETAIL	
UID ITEM NAME		ORD REC'IDOST	TOTAL COST	VALUE	VALUE		
[CT00012] S -Summit Boys Crumble Mango Brulee 1g [ED00105] S - Dreamers Edible 2-PK Capsules Sativa 50mg			5 \$0.01 5 \$0.01				
[ED00105] 5 - Dreamers Edible 2	2-PK Capsules Saliva Suring		5 \$0.01	\$0.05			
		PRODUCT REJECTION					
IF PRODUC	CTS ARE REJECTED PLEASE CIRCI	LE THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS	SECTION ABO	/E		
REASON FOR RECECTION							
		DESCRIPT SOLUTION					
Land Control of the control of the	to all to according to the transfer of the con-	PRODUCT RECEIPT CONFIRMATION					
	his shipment match in weight and cour						
	ems as inicated received above - and re rejected for delivery and remain in t	he custody of the distributor for return to the shipper as	indicated in this form	and all attached	d produc	t detail	
NAME OF PERSON RECEIVII	NG AND/OR		PHONE NUMBER				
SIGNATURE OF PERSON RE	CEIVING AND/OR		DATE SIGNED				