SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6871		ACTUAL DATE AND TIME OF DEPARTUR	ACTUAL DATE AND TIME OF DEPARTURE 09/18/2019 03:22 PM					
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVA	ESTIMATED DATE AND TIME OF ARRIVAL					
SHI	PPER INFORMATION	REC	RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #		C10-0000138	B-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Elevation 2477				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS		569 Searls Ave				
950602126 PHONE NUMBER (831) 600-7710		CITY, STATE, ZIP CODE		Nevada City, CA 95959				
		PHONE NUMBER		(530) 264-7684				
CONTACT NAME	Miguel Felix	CONTACT NAME						
		DISTRIBUTOR INFORMATION						
OTATE 105:125 ::	044 6	[.				
STATE LICENSE # C11-0000224-LIC		DRIVER'S NAME		Bradley Marti	nez			
BUSINESS NAME Oz Distribution, Inc.		CA DRVR LIC #		B9489158				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE NO DI ATE #		Transit				
PHONE NUMBER CONTACT NAME	(831) 600-7710 Miguel Felix	VEHICLE LIC. PLATE #		54269L2				
JON FACT NAIVIE	iviiguei Felix	ACTUAL DATE AND TIME OF ARRIVAL	Г					
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BEL	_OW					
			OTV	OTV LINIT		UNIT	TOTAL	
JID ITEM NAME				QTY UNIT	TOTAL COST		RETAIL	
	ible Cannabutter 1000mg THC 4oz		20	REC'IDOST \$22.00			VALUE	
CO00164] Heavenly Sweet Edi		20						
CO00103] Heavenly Sweet Eul	bie Carinabuller 2000ing 1 HC 4 02		20	J \$33.00	\$000.00			
		PRODUCT REJECTION						
IF PRODU	JCTS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPF	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents of	this shipment match in weight and co							
	items as inicated received above - an							
		the custody of the distributor for return to the shipper a	as indicat	ted in this form	and all attache	ed produc	t detail	
NAME OF PERSON RECEIV	/ING AND/OR			HONE UMBER				
SIGNATURE OF PERSON R	RECEIVING AND/OR			ATE SIGNED				