SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6	630	ACTUAL DATE AND TIME OF DEPARTUR	E 00/03/2010 03:32	DM			
INVOICE/MANIFEST # SO6639 ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVA		FIVI			
SHI	PPER INFORMATION	REC	RECEIVER INFORMATION				
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #	C10-0000494-LIC				
TYPE OF LICENSE	License	STATE LICENSE2#					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lic	Retailer License			
BUSINESS ADDRESS	SINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME Mankind Cannabis		annabis				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS 7128 Miramar rd.		nar rd.			
950602126		CITY, STATE, ZIP CODE	San Diego,	San Diego, CA 92121			
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	MBER 858-220-2503				
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Brandon S	Brandon Sumandal			
BUSINESS NAME Oz Distribution, Inc.		CA DRVR LIC #					
BUSINESS ADDRESS 195 Harvey West Blvd		VEHICLE MAKE	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				
		PRODUCT SHIPPED DETAILS					
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BELO	OW				
			QTY QTY UNIT			TOTAL RETAIL	
UID ITEM NAME			ORD REC'IDOST			VALUE	
[ED0066] Heavenly Sweet Edi		30 \$8.					
[ED0073] Heavenly Sweet Edi	ible Munchies Caramel Corn 100mg T	нс	30 \$8.	50 \$255.00)		
		PRODUCT REJECTION					
IF PRODU	JCTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRODUCT	T SHIPPED DETAIL	S SECTION ABO	VE		
REASON FOR RECECTION							
		PROPURT RECEIPT CONFIDMATION					
Leadford the contests of	dita alta a anti-catalita a attalita a attalita a	PRODUCT RECEIPT CONFIRMATION					
	this shipment match in weight and cou items as inicated received above - and						
The products circled abbove sheet(s).	are rejected for delivery and remain in	the custody of the distributor for return to the shipper as	s indicated in this for	m and all attache	d produc	t detail	
NAME OF PERSON RECEIV	/ING AND/OR		PHONE NUMBER				
SIGNATURE OF PERSON R REJECTING PRODUCT	RECEIVING AND/OR		DATE SIGNED)			