SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO6417	,	ACTUAL	DATE AND TIME OF DEPARTURE	= 08/2	7/2010	11.40 ΔΙ	Λ.				
ATTACHED PAGES No				TED DATE AND TIME OF ARRIVAL		1/2013	11.4071	vi				
	SHIPF	PER INFORMATION		RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC		STATE LICENSE #			A12-18-0000071-TEMP					
TYPE OF LICENSE License			STATE LICENSE2#	TATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Greenlight Discount Pharmacy							
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		15507 Cobalt St							
950602126			CITY, STATE, ZIP CODE		Sylmar, CA 91342							
PHONE NUMBER (831) 600-7710			PHONE NUMBER		818.256.1964							
CONTACT NAME Miguel Felix				CONTACT NAME								
			DISTRIBUT	OR INFORMATION								
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME Ange			gel Rodriguez					
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #			39147506					
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. PLATE #		54269	9L2					
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL								
		RECEIVE		SHIPPED DETAILS LY THE SHADED COLUMNS BELO)W							
UID	ITEM NAME					QTY		TOTAL COST		TOTAL RETAIL VALUE		
OID	Kanebes Hybrid Flower Whitezilla 3.5g				6		\$12.00	\$768.00		VILOL		
S - Kanebes Hybrid Flower Whitezilla 3.5g					1	\$0.01	\$0.01					
	IF PRODUCT	TS ARE REJECTED PLEASE CIRC		CT REJECTION NG REJECTED IN THE PRODUCT	SHIPI	PED DE	TAII S S	SECTION ABO	VF			
					0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
REASC	ON FOR RECECTION											
			PRODUCT REC	CEIPT CONFIRMATION								
I confir	m that the contents of this	shipment match in weight and cou										
_	oducts circled abbove are	ns as inicated received above - and rejected for delivery and remain in		d. istributor for return to the shipper as	indica	ited in t	his form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBEI	₹					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SI						