## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO80	47	ACTUAL D	ATE AND TIME OF DEPARTURE	12/04/	2010 04:18 D	M			
ATTACHED PAGES No			D DATE AND TIME OF ARRIVAL		2019 04.10 F	IVI			
SHIF	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC		STATE LICENSE #		C10-0000553	-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		D M Compassion Center				
CITY, STATE, ZIP CODE	Santa Cruz, CA		BUSINESS ADDRESS		14491 Olymp	ic Drive			
	950602126	26 CITY, STA			Clearlake, CA 95422				
PHONE NUMBER	(831) 600-7710		PHONE NUMBER		0				
CONTACT NAME	Miguel Felix		CONTACT NAME						
		DIOTRIPLITOR	NINFORMATION						
		DISTRIBUTOR	RINFORMATION						
STATE LICENSE #	C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME	Oz Distribution, Inc.		CA DRVR LIC #		B9147506				
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 #		54269L2				
CONTACT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
		PRODUCT SH	IIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY	THE SHADED COLUMNS BELO	W					
							UNIT	TOTAL	
				QTY	QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME				ORD	REC'DOST	TOTAL COST	VALUE	VALUE	
[CT00176] The Oz Indica Shatter Purple Punch 1g				96	\$13.00				
[ED00010] Heavenly Sweet Edible Singles Peppermint Bark 10mg THC				10	\$2.50	\$25.00			
		PRODUCT	REJECTION						
IF PRODUC	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING	REJECTED IN THE PRODUCT	SHIPP	ED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION									
		PRODUCT RECEI	PT CONFIRMATION						
I confirm that the contents of the	nis shipment match in weight and cou	unt as indicated above.							
,	ems as inicated received above - and re rejected for delivery and remain in		ributor for return to the shipper as	indicate	ed in this form	and all attache	d produc	t detail	
sheet(s).									
NAME OF PERSON RECEIVE	NG AND/OR				ONE MBER				
SIGNATURE OF PERSON RE	CEIVING AND/OR				TE SIGNED				
ALUEUTINO I NODOOT									