## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO8045			ACTUAL DATE AND TIME OF DEPARTURE 12/03/2019 05:23 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LI	0		STATE LICENSE #						
TYPE OF LICENSE	License			STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, I	nc.		TYPE OF LICENSE		Retailer Lice	nse			
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME			California City Supply				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		6508 California City Blvd. California City, CA 93505				
			CITY, STATE							
PHONE NUMBER (831) 600-7710  CONTACT NAME Miguel Felix			PHONE NUMBER			0				
			CONTACT NAME							
		D	ISTRIBUTO	R INFORMATION						
STATE LICENSE #	ATE LICENSE # C11-0000224-LIC			DRIVER'S NAME		lan John Sternberger				
BUSINESS NAME Oz Distribution, Inc.			CA DRVR LIC #		B9920672					
BUSINESS ADDRESS 195 Harvey West Blvd		t Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		950602126		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-7710				VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME O ARRIVAL	F					
				HIPPED DETAILS 7 THE SHADED COLUMNS BEI	LOW					
UID ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[ED00027] Heavenly Swe		10	_							
[ED00041] Heavenly Sweet Edible Munchies Chile Lime Crackers 100mg THC					10					
[ED00030] Heavenly Sweet Edible Munchies Muddy Buddies 100mg THC					10					
[FL00637] Royal Tree Indoor Flower XJ- 13 Sativa 3.5g [CT00228] S -Summit Boys Caviar Crumble Pacific Sunset 1g					64					
[CT00228] S -Summit Bo [FL00426] Royal Tree SI		1	ψο.σ							
			DDODUG	T REJECTION						
IF F	PRODUCTS ARE REJECTED P	LEASE CIRCLE THE I		G REJECTED IN THE PRODUC	CT SHIPF	PED DETAILS	SECTION ABO	VE		
REASON FOR RECEO	CTION									
				EIPT CONFIRMATION						
	ents of this shipment match in we									
,	r of all items as inicated received bbove are rejected for delivery a			tributor for return to the shipper a	as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON R REJECTIONG PRODU						HONE UMBER				
	SON RECEIVING AND/OR					ATE SIGNED				

REJECTING PRODUCT