SALES INVOICE / SHIPPING MANIFEST

| INVOICE/MANIFEST # SO7533 ATTACHED PAGES No | | ACTUAL DATE AND TIME OF APPLICAL | 10/30/2019 03:47 F | 'M | | | | |
|---|--|--|-------------------------------------|-----------------|-----------------|----------|--|--|
| ATTACHED PAGES NO | | ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | |
| CLUD | | DECENTED INFORMATION | | | | | | |
| SHIP | PER INFORMATION | RECE | RECEIVER INFORMATION | | | | | |
| STATE LICENSE # | C11-0000224-LIC | STATE LICENSE # | C10-000055 | 1-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 | Triple C Collective | | | | | |
| CITY, STATE, ZIP CODE | Santa Cruz, CA | BUSINESS ADDRESS | 14196 Lakeshore Drive | | | | | |
| 950602126 PHONE NUMBER (831) 600-7710 | | CITY, STATE, ZIP CODE | Clearlake, CA 95422 707-601-1525 | | | | | |
| | | PHONE NUMBER | | | | | | |
| CONTACT NAME | Miguel Felix | CONTACT NAME | | | | | | |
| | | DISTRIBUTOR INFORMATION | | | | | | |
| STATE LICENSE # | # C11-0000224-LIC DRIVER'S NAME R | | | | Rodel Jardeleza | | | |
| BUSINESS NAME Oz Distribution, Inc. | | CA DRVR LIC # | B82636677 | | | | | |
| 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 | 0 120022 | | | | | |
| 001111101111111111111111111111111111111 | iniguoi i olix | ARRIVAL | | | | | | |
| | | | | | | | | |
| | | PRODUCT SHIPPED DETAILS | | | | | | |
| | RECEIVER | COMPLETES ONLY THE SHADED COLUMNS BELOW | 1 | | | | | |
| | | | | | UNIT | TOTAL | | |
| | | | QTY QTY UNIT | | RETAIL | RETAIL | | |
| UID ITEM NAME | | | ORD REC'IDOST | TOTAL COST | VALUE | VALUE | | |
| [CT00150] The Oz Hybrid Crumb | le Cherry Vortex 1g | | 108 \$13.00 | \$1,404.00 | | | | |
| | | | | | | | | |
| .= ==== | | PRODUCT REJECTION | | | | | | |
| IF PRODUC | CTS ARE REJECTED PLEASE CIRC | E THE ITEMS BEING REJECTED IN THE PRODUCT S | HIPPED DE l'AILS | SECTION ABO | VE | | | |
| REASON FOR RECECTION | | | | | | | | |
| | | | | | | | | |
| | | PRODUCT RECEIPT CONFIRMATION | | | | | | |
| I confirm that the contents of th | is shipment match in weight and cou | | | | | | | |
| | ems as inicated received above - and | | | | | | | |
| The products circled abbove ar sheet(s). | re rejected for delivery and remain in | e custody of the distributor for return to the shipper as in | dicated in this form | and all attache | d produc | t detail | | |
| | | | | | | | | |
| NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT | | | PHONE NUMBER | | | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT | | | DATE SIGNED | | | | | |