

# SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST #	SO7044	ACTUAL DATE AND TIME OF DEPARTURE	10/01/2019 07:46 PM
ATTACHED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL	

SHIPPER INFORMATION		RECEIVER INFORMATION	
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000401-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	Super Clinik
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	BUSINESS ADDRESS	2525 BIRCH ST S
PHONE NUMBER	(831) 600-7710	CITY, STATE, ZIP CODE	Santa Ana, CA 92707
CONTACT NAME	Miguel Felix	PHONE NUMBER	(714) 557-2050
		CONTACT NAME	

DISTRIBUTOR INFORMATION
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STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Brandon Sumandal
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	D1309712
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 SHIPPED DETAILS
RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW

UID	ITEM NAME	QTY ORD	QTY REC	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE
[CO0075]	Allegiance Wellness Tincture Rick Simpson Method THC 2000mg	6		\$130.00	\$780.00		
[CO0072]	Allegiance Wellness Tincture Rick Simpson Method THC 250mg	9		\$21.00	\$189.00		
[CO0066]	Allegiance Wellness Tincture 1:4 Ratio Anxiety Formula 15ml	20		\$21.00	\$420.00		

PRODUCT REJECTION
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE

REASON FOR RECECTION	
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PRODUCT RECEIPT CONFIRMATION
I confirm that the contents of this shipment match in weight and count as indicated above.
I agree to take custody of all items as inicated received above - and which are not circled.
The products circled above are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached product detail sheet(s).

NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT	PHONE NUMBER
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT	DATE SIGNED