SALES INVOICE / SHIPPING MANIFEST

INVOICE	MANIFEST # SO702	23	ACTUAL D	ATE AND TIME OF DEPARTURE	09/25/2019	0 02·01 PI	M		
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL					
	SHIF	PPER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	STATE LICENSE #		A10-17-0000066-TEMP				
TYPE OF	LICENSE	License		STATE LICENSE2 #					
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE	Reta	ailer Licen	se			
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME	ALL	ABOUT \	WELLNESS		
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS	190	0 19th St				
950602126			CITY, STATE, ZIP CODE	Sac	Sacramento, CA 95815				
PHONE NUMBER (831) 600-7710				PHONE NUMBER	916	916-454-4327			
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUTO	R INFORMATION					
			DIOTRIBOTO	CINI ORMATION					
STATE LI	CENSE #	C11-0000224-LIC		DRIVER'S NAME	Rod	el Jardele	za		
BUSINESS NAME O		Oz Distribution, Inc.		CA DRVR LIC #	B82	B82636677			
BUSINESS ADDRESS 195 Har		195 Harvey West Blvd		VEHICLE MAKE	Ford	Ford			
CITY, STATE, ZIP CODE Santa Cruz, CA		Santa Cruz, CA 950602126		VEHICLE MODEL	Trar	Transit			
PHONE NUMBER (831) 600-7710		(831) 600-7710		VEHICLE LIC. PLATE #	542	54269L2			
CONTAC	T NAME	Miguel Felix		ACTUAL DATE AND TIME OF					
				ARRIVAL					
				HIPPED DETAILS					
		RECEIVE	ER COMPLETES ONLY	THE SHADED COLUMNS BELO	W				
									TOTAL
					QTY QTY	LINIT		UNIT	TOTAL RETAIL
UID	ITEM NAME				ORD REC		TOTAL COST		
OID		kor Sauco 1a			25	\$12.50			VALUL
Summit Boys Skywalker Sauce 1g Summit Boys Private Reserve Live Resin Sauce 1g					25	\$12.50			
	Sullilli Boys Flivate	Neserve Live Nesiri Sauce 19			23	\$12.50	ψ312.30		
			PRODUCT	REJECTION					
	IF PRODUC	CTS ARE REJECTED PLEASE CIR			SHIPPED [DETAILS	SECTION ABO	VE	
REASC	N FOR RECECTION								
			DPODLICT DECE	IPT CONFIRMATION					
Lconfirm	n that the contents of th	nis shipment match in weight and co		IF I CONTINUATION					
		ems as inicated received above - an							
The pro	ducts circled abbove a	re rejected for delivery and remain in		ributor for return to the shipper as	indicated in	this form	and all attache	d produc	t detail
sheet(s	1.								
NAME OF PERSON RECEIVING AND/OR					PHONE				
REJECTIONG PRODUCT					NUMBE	R			
SIGNATURE OF PERSON RECEIVING AND/OR					DATE S	SIGNED			
REJEC	TING PRODUCT								