SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7558 NO ESTIMATED DATE AND TIME SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC STATE LICE TYPE OF LICENSE License STATE LICE BUSINESS NAME OZ DISTRIBUTION, Inc. TYPE OF LIC BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS ADDRESS (ITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS (B31) 600-7710 PHONE NUMBER (B31) 600-7710 PHONE NUM CONTACT NAME Miguel Felix CONTACT NAME OZ DISTRIBUTOR INFORMATIC STATE LICENSE # C11-0000224-LIC DRIVER'S N. BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE M. CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE M. CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE M. CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 VEHICLE M. CONTACT NAME Miguel Felix ARRIVAL PRODUCT SHIPPED DETAI RECEIVER COMPLETES ONLY THE SHADED PRODUCT SHIPPED DETAI	RECEIVER INF	
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PRODUCT RECEIPT CONFIRM.	ATION	
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 abbove are rejected for delivery and remain in the custody of the distributor for return sheet(s).	n to the shipper as indicated in this	form and all attached product detail
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