SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	ICE / S		IFES) 1						
INVOICE/MANIFEST # S07757 A				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/19/2019 04:23 PM								
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-000095-LIC						
TYPE OF LICENSE License				STATE LICENSE2#									
BUSINESS NAME Oz Distribution, In			nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		The Vault						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		35871 Date Palm Dr							
				CITY, STATE, ZIP CODE		Cathedral City,, CA 92234							
PHONE NUMBER (831) 600-7710				PHONE NUMBER		+1 760-866-9660							
CONTACT NAME Miguel Felix					CONTACT NAME								
			[DISTRIBUTOR	R INFORMATION								
STATE LICENSE # C11-0000224-LIC					DDIVEDIO NAME			lan John Ctarnharmar					
		Oz Distribution, In			DRIVER'S NAME CA DRVR LIC #		lan John Sternberger B9920672						
·		195 Harvey West			VEHICLE MAKE	Ford							
		Santa Cruz, CA 9			VEHICLE MODEL		Transit						
		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2						
CONTAC		Miguel Felix			ACTUAL DATE AND TIME OF		3 :23322						
					ARRIVAL								
			F	PRODUCT SE	HIPPED DETAILS								
					THE SHADED COLUMNS BEL	OW							
										UNIT	TOTAL		
LUD	ID ITEM NAME						QTY		TOTAL COST		RETAIL		
UID			AALLC		O				TOTAL COST		VALUE		
-	FL00609] Kanebes Indica Flower Mendo Breath 3.5g. SMALLS FL00564] Kanebes Hybrid Flower Skywalker OG 3.5g SMALLS					32	0	\$9.00 \$9.00	\$288.00				
[FL00564]							-\$9.00	\$0.00 -\$9.00					
	Kanebes Shelf Support						I	-\$9.00	-\$9.00				
					REJECTION								
	IF PRODUCT	S ARE REJECTED PL	EASE CIRCLE THE	ITEMS BEING	G REJECTED IN THE PRODUC	T SHIPI	PED D	ETAILS S	SECTION ABO	VE			
REASO	N FOR RECECTION												
			PRO	DUCT RECE	IPT CONFIRMATION								
I confirm	n that the contents of this	shipment match in wei			ii i com mawamon								
I agree	to take custody of all item ducts circled abbove are	ns as inicated received	above - and which ar	re not circled.	ributor for return to the shipper a	s indica	ted in	this form	and all attache	d produc	t detail		
	o- p-p-o	AND (OD				_							
NAME OF PERSON RECEIVING AND/OR					PHONE								
REJECTIONG PRODUCT SIGNATURE OF PERSON RECEIVING AND/OR							UMBE						
REJECTING PRODUCT						D.	AIES	SIGNED					