SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MA	ANIFEST # SO7599		ACTUAL	DATE AND TIME OF DEPARTURE	= 11/0	R/2010	U3:33 DI	./				
INVOICE/MANIFEST # SO7599 ATTACHED PAGES No				ED DATE AND TIME OF ARRIVAL		0/2019	03.33 FI	VI				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-							
	SHIPP	PER INFORMATION		RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #			C10-0000314-LIC						
TYPE OF LIC		License		STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE	Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Revolution Emporium						
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		3081 N. State St.						
950602126				CITY, STATE, ZIP CODE			Ukiah, CA 95482					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(707) 696-0666						
CONTACT NAME Miguel Felix				CONTACT NAME								
			DISTRIBUTO	DR INFORMATION								
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME			Bradley Martinez						
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9489158						
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 #		5426	9L2					
CONTACT N	IAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL								
		RECEIVE		SHIPPED DETAILS Y THE SHADED COLUMNS BELO)W				UNIT	TOTAL		
JID IT	EM NAME					QTY		TOTAL COST	RETAIL	RETAIL		
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg				100			\$0.50	\$50.00				
	ollar Dose - lozenge - I				10	0	\$0.50	\$50.00				
			PRODUC	CT REJECTION								
	IF PRODUCTS	S ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEI	NG REJECTED IN THE PRODUCT	SHIP	PED D	ETAILS S	SECTION ABO	VE			
REASON F	FOR RECECTION											
L C ()	and a section of the	al Community of the Com		EIPT CONFIRMATION								
I agree to ta	ake custody of all items	shipment match in weight and cou s as inicated received above - and rejected for delivery and remain in	d which are not circled		indica	ited in t	this form	and all attache	d produc	t detail		
	PERSON RECEIVING	AND/OR		PHONE NUMBER								
	RE OF PERSON RECE G PRODUCT	EIVING AND/OR			D	ATE S	IGNED					