SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO80	40	ACTUAL DATE AND	TIME OF DEPARTURE	12/02	2/2010	04:48 D	M				
INVOICE/MANIFEST # SO8040 ATTACHED PAGES No			IND TIME OF ARRIVAL		72019	U4.40 F	IVI				
		201111111125 571127	0. /								
SHIF	PPER INFORMATION		RECEIVER INFORMATION								
STATE LICENSE #	LICENSE # C11-0000224-LIC STATE LICENSE #		LICENSE #		C10-	0000150	-LIC				
TYPE OF LICENSE	License	STATE I	STATE LICENSE2 #								
BUSINESS NAME	Oz Distribution, Inc.	TYPE O	TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS	INESS ADDRESS 195 Harvey West Blvd BUSINESS NAME		SS NAME	Redwood Coast Collective							
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINE	SS ADDRESS	10090 Highway 9							
950602126		CITY, S	CITY, STATE, ZIP CODE			Ben Lomond, CA 95005					
PHONE NUMBER	(831) 600-7710	PHONE	PHONE NUMBER		831.336.8795						
CONTACT NAME	Miguel Felix	CONTAC	CONTACT NAME								
		DISTRIBUTOR INFORM	ATION								
STATE LICENSE #	C11-0000224-LIC	DRIVER	DRIVER'S NAME			Rodel Jardeleza					
BUSINESS NAME	Oz Distribution, Inc.		CA DRVR LIC #		B82636677						
BUSINESS ADDRESS	195 Harvey West Blvd		VEHICLE MAKE		Ford						
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICL	VEHICLE MODEL		Transit						
PHONE NUMBER	(831) 600-7710	VEHICL	VEHICLE LIC. PLATE #		54269L2						
CONTACT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL								
		PRODUCT SHIPPED DE	ETAILS								
	RECEIVE	R COMPLETES ONLY THE SHA	DED COLUMNS BELOV	N							
								UNIT	TOTAL		
UID ITEM NAME					QTY REC'		TOTAL COST		RETAIL VALUE		
[FL00130] Elite Hybrid Preroll Alien OG 1g				CIND		\$4.50			VALUE		
[FL00378] S - Kanebes Indica Preroll Purple Punch 0.8g				50		\$0.01					
		PRODUCT REJECT	ON								
IF PRODU	CTS ARE REJECTED PLEASE CIRC			SHIPF	PED DI	ETAILS	SECTION ABO	VE			
DEACON FOR RECECTION											
REASON FOR RECECTION											
		PRODUCT RECEIPT CONF	IRMATION								
	his shipment match in weight and cou ems as inicated received above - and										
	are rejected for delivery and remain in		return to the shipper as i	indicat	ted in t	his form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVE REJECTIONG PRODUCT			PHONE NUMBER								
SIGNATURE OF PERSON RE REJECTING PRODUCT	ECEIVING AND/OR			D	ATE S	IGNED					