## SALES INVOICE / SHIPPING MANIFEST

		571	LLD II VO	ICL / L	IIII I IIVO MAIV							
					ACTUAL DATE AND TIME OF DEPARTURE 08/14/2019 03:06 PM							
ATTACH	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #		A10-17-0000080-TEMP						
TYPE OF LICENSE License					STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			C.	TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blv					BUSINESS NAME		ABATIN WELLNESS SAC					
CITY, STATE, ZIP CODE Santa Cruz					BUSINESS ADDRESS 2100 29th St							
		950602126			CITY, STATE, ZIP CODE			Sacramento, CA 95817				
PHONE NUMBER		(831) 600-7710	600-7710		PHONE NUMBER		916-822-5699					
CONTACT NAME Miguel Felix				CONTACT NAME								
			С	DISTRIBUTO	R INFORMATION							
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME		Francisco Maldorado					
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		F2095173					
BUSINESS ADDRESS		-	195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE PHONE NUMBER		Santa Cruz, CA 950602126			VEHICLE MODEL		Transit					
		(831) 600-7710						4269L2				
CONTAC	CT NAME	Miguei Felix	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
					HIPPED DETAILS  THE SHADED COLUMNS BEL	.OW						
UID	ITEM NAME						QTY UNIT	Т			TOTAL RETAIL VALUE	
Kanebes Hybrid Flower Whitezilla 3.5g					128	\$12.	.00	\$1,536.00				
Summit Boys Refined Sugar Gorilla Glue 1g						10	\$17.	50	\$175.00			
Royal Tree Indoor Flower Indica Medcare Kush 3.5g						96	\$23.	00	\$2,208.00			
				PRODUC	T REJECTION							
	IF PRODUCT	S ARE REJECTED PL	EASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUC	T SHIPP	PED DETAIL	S SE	ECTION ABO	VE		
REASO	ON FOR RECECTION											
			DD0	DUCT DECE	IDT CONFIDMATION							
Lonfin	m that the contents of this	shinment match in woi			IPT CONFIRMATION							
I agree	e to take custody of all item oducts circled abbove are	s as inicated received	above - and which ar	e not circled.	ributor for return to the shipper a	as indicat	ed in this for	rm ar	nd all attached	d product	detail	
NAME	OF PERSON RECEIVING	AND/OR				PH	HONE					
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR				DATE SIGNED								

REJECTING PRODUCT