SALES INVOICE / SHIPPING MANIFEST

[II						
INVOICE/MANIFEST # SO7	444		CTUAL DATE AND TIME OF DEPARTURE 10/30/2019 03:47 PM					
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL						
SHI	PPER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE	#	C10-0000551	-LIC			
TYPE OF LICENSE	License	STATE LICENSE2		0.000000.				
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENS		Retailer Licen	se			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME		Triple C Collective				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDR		14196 Lakeshore Drive				
950602126 PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix		CITY, STATE, ZIP		Clearlake, CA 95422				
		PHONE NUMBER		707-601-1525				
		CONTACT NAME	CONTACT NAME					
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	ENSE # C11-0000224-LIC 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	VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-7710		VEHICLE LIC. PLA	VEHICLE LIC. PLATE #		54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AN	ND TIME OF					
	RECEIVER	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COL	LUMNS BELOW					
UID ITEM NAME				QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[CT00176] The Oz Indica Shat	er Purple Punch 1g		10					
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg				0 \$0.50	\$50.00			
ED00118] Dollar Dose - lozenge - Indica Apple - 5mg				0 \$0.50	\$50.00			
		PRODUCT REJECTION						
IF PROD	JCTS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN TH	E PRODUCT SHIP	PED DETAILS S	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION	N					
I confirm that the contents of	this shipment match in weight and coul							
-	items as inicated received above - and are rejected for delivery and remain in	which are not circled. he custody of the distributor for return to tl	he shipper as indica	ated in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				HONE				
SIGNATURE OF PERSON F	RECEIVING AND/OR			ATE SIGNED				