SALES INVOICE / SHIPPING MANIFEST

	51	LLS II VO	TCL / D		LD					
INVOICE/MANIFEST # SO7338			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/16/2019 06:44 PM						
ATTACHED PAGES		ESTIMATED DATE AND TIME OF ARRIVAL								
		4ATIONI		DEC		D INIEOE		.1		
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-L	IC		STATE LICENSE #		C10-0000485-	LIC			
TYPE OF LICENSE				STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West B		Blvd		BUSINESS NAME		Redwood Herbal Alliance				
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		5270 AERO DR				
950602126				CITY, STATE, ZIP CODE		Santa Rosa, CA 95403				
PHONE NUMBER (831) 600-7710				PHONE NUMBER		707-528-3632				
CONTACT NAME Miguel Felix				CONTACT NAME						
		1	DISTRIBUTOI	R INFORMATION						
STATE LICENSE #	C11-0000224-L	C11-0000224-LIC		DRIVER'S NAME		Rodel Jardele	 eza			
BUSINESS NAME	Oz Distribution,	Oz Distribution, Inc.		CA DRVR LIC #		B82636677				
BUSINESS ADDRES		195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CO	ODE Santa Cruz, CA	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER	(831) 600-7710	(831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME	Miguel Felix	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
				HIPPED DETAILS THE SHADED COLUMNS BELC	OW					
UID ITEM NAM	ΛΕ					QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[ED00147] Dreamers Edible Chocolate Sativa 100mg					10	\$8.50	\$85.00			
[ED00150] Dreamers Edible Chocolate Indica 100mg					50	\$8.50	\$425.00			
[ED00149] Dreamers Edible Chocolate Mint CBD 100mg					20	\$12.00	\$240.00			
			PRODUCT	REJECTION						
I	IF PRODUCTS ARE REJECTED I	PLEASE CIRCLE THE	ITEMS BEING	G REJECTED IN THE PRODUCT	T SHIPPE	ED DETAILS S	SECTION ABO	VE		
REASON FOR REC	CECTION									
		PRO	DUCT RECE	IPT CONFIRMATION						
I confirm that the co	ontents of this shipment match in v									
I agree to take custo	ody of all items as inicated received abbove are rejected for delivery	ed above - and which a	re not circled.	ributor for return to the shipper as	s indicate	d in this form	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR					PH	ONE				
REJECTIONG PRO	DDUCT				NU	MBER				
SIGNATURE OF PI	ERSON RECEIVING AND/OR				DA	TE SIGNED				