SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6	3306	ACTUAL DATE AND TIME OF DEPARTURE	= 08/28/2019 09·10 A	M		
INVOICE/MANIFEST # SO6396 ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		IIVI		
SHI	PPER INFORMATION	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-18-0000	C10-18-0000047-TEMP		
TYPE OF LICENSE	License	STATE LICENSE2 #				
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Licer	Retailer License		
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Santa Barbara Collective			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		BUSINESS ADDRESS	2609 de la vina santa barbara, CA 93101			
		CITY, STATE, ZIP CODE				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	805 7050656	805 7050656		
CONTACT NAME	Miguel Felix	CONTACT NAME				
		DISTRIBUTOR INFORMATION				
STATE LICENSE #	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		
TY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL	Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL				
	PECEIVE	PRODUCT SHIPPED DETAILS	2007			
	KLOLIVLI	COMPLETES ONET THE SHADED COLUMNS BELC	, v			
			OTY OTY LINIT		UNIT	TOTAL RETAIL
UID ITEM NAME			QTY QTY UNIT	TOTAL COST		
-	lible Cannabutter 1000mg THC 4oz		10 \$22.00			VALUE
[CO00165] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz			20 \$33.00			
Occorded incavering oween Ed	ible carriabation 2000thg The 4 02		20 ψ00.00	φοσο.σο		
		PRODUCT REJECTION				
IF PROD	UCTS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS	SECTION ABO	VE	
REASON FOR RECECTION	I					
		PRODUCT RECEIPT CONFIRMATION				
	this shipment match in weight and cou					
	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 the shipper as	indicated in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVE	VING AND/OR		PHONE NUMBER			
SIGNATURE OF PERSON F REJECTING PRODUCT	RECEIVING AND/OR		DATE SIGNED			