SALES INVOICE / SHIPPING MANIFEST

		571.	LLD II (V OI	CLID			, 1					
INVOICE/MANIFEST # SO7479 AC				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/29/2019 10:00 AM							
ATTACH	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE L	ICENSE #	C11-0000224-LIC			STATE LICENSE #		C10-0	0000317-	LIC			
TYPE OF	TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			C.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd		BUSINESS NAME		Valley Health Options					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126					BUSINESS ADDRESS	RESS 1421 Auburn Blvd						
					CITY, STATE, ZIP CODE		Sacramento, CA 95818					
PHONE NUMBER (831) 600-7710			PHON		PHONE NUMBER		(916) 779-0715					
CONTACT NAME Miguel Felix					CONTACT NAME	ONTACT NAME						
			DI	ISTRIBUTOR	RINFORMATION							
STATE LICENSE # C11-0000224-LIC		;		DRIVER'S NAME	Rodel Jardelez			za				
BUSINES			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. PLATE #		54269L2					
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BEL	.OW						
UID	ITEM NAME						QTY I		TOTAL COST		TOTAL RETAIL VALUE	
[CT00216] Summit Boys Caviar Gorilla Glue 1g								\$14.68	\$352.32			
[CT00214] Summit Boys Caviar Crumble Pac Glue 1g						24	1	\$14.68	\$352.32			
CT00215] Summit Boys Caviar Crumble Pac USA 1g						24	1	\$14.00	\$336.00			
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED DE	ETAILS S	ECTION ABO	VE		
REASC	ON FOR RECECTION											
			PROD	OUCT RECE	PT CONFIRMATION							
I confirm	n that the contents of th	nis shipment match in wei										
	oducts circled abbove a	ems as inicated received re rejected for delivery an			ributor for return to the shipper a	as indicat	ted in tl	nis form a	and all attached	d product	detail	
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT						NI	UMBER	3				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	ATE SI	GNED				