SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7685		ACTUAL DATE AND TIME OF DEPARTURE 11/13/2019 03:23 PM				
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL				
QH.	IPPER INFORMATION	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-00000)36-LIC		
TYPE OF LICENSE	License	STATE LICENSE2 #	D. (cline)			
BUSINESS NAME Oz Distribution, Inc. BUSINESS ADDRESS 195 Harvey West Blvd		TYPE OF LICENSE	Retailer License Sundial Collective JLJB LLC 0			
		BUSINESS NAME				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	BUSINESS ADDRESS	· · · · · · · · · · · · · · · · · · ·			
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	CITY, STATE, ZIP CODE Shasta Lake City, CA 96019 PHONE NUMBER 0			
CONTACT NAME Miguel Felix		CONTACT NAME	U			
SONTACT NAME	iviiguei Felix	CONTACT NAME				
		DISTRIBUTOR INFORMATION				
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	DRIVER'S NAME Bradley Martinez			
USINESS NAME Oz Distribution, Inc.		CA DRVR LIC #	B9489158			
BUSINESS ADDRESS 195 Harvey West Blvd		VEHICLE MAKE	Ford	Ford		
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL	Transit	Transit		
PHONE NUMBER (831) 600-7710		VEHICLE LIC. PLATE #	54269L2	54269L2		
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL				
	RECEIVI	PRODUCT SHIPPED DETAILS R COMPLETES ONLY THE SHADED COLUMNS BELOW				
			QTY QTY UNIT		UNIT	TOTAL RETAIL
JID ITEM NAME			ORD REC'IDOST	TOTAL COST		
[CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz			15 \$33			VALUE
CT00191] Heavenly Sweet Et	dible Carmabutter 2000mg 111C 4 02		15 φ55	.00 φ493.00	,	
		PRODUCT REJECTION				
IF PROD	UCTS ARE REJECTED PLEASE CIR	LE THE ITEMS BEING REJECTED IN THE PRODUCT SH	HIPPED DETAIL	S SECTION ABO	VE	
REASON FOR RECECTION	J.					
		PRODUCT RECEIPT CONFIRMATION				
I confirm that the contents of	f this shipment match in weight and co	nt as indicated above.				
	litems as inicated received above - are rejected for delivery and remain i	which are not circled. the custody of the distributor for return to the shipper as inc	dicated in this fo	rm and all attache	ed produc	t detail
NAME OF PERSON RECEIREJECTIONG PRODUCT	VING AND/OR		PHONE NUMBER			
SIGNATURE OF PERSON I	RECEIVING AND/OR		DATE SIGNE	D		