## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6787			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/11/2019 03:08 PM							
ATTACHED PAGES No			ESTIMA	TED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION				RECEIVER INFORMATION							
STATE LICENSE #		C11-0000224-LIC		STATE LICENSE #		C10-0000036-LIC					
TYPE OF LICENSE		License		STATE LICENSE2 #							
BUSINESS NAME		Oz Distribution, Inc.	Inc. TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Sundial Collective JLJB LLC						
CITY, STATE, ZIP CODE		Santa Cruz, CA		BUSINESS ADDRESS		0					
950602126		950602126		CITY, STATE, ZIP CODE		Shasta Lake City, CA 96019					
PHONE NUMBER (831)		(831) 600-7710		PHONE NUMBER	0						
CONTACT NAME		Miguel Felix		CONTACT NAME							
			DISTRIBUT	OR INFORMATION							
			DIOTRIBOT	ore in ordination							
STATE LICENSE #		C11-0000224-LIC	C11-0000224-LIC DRIVER'S NAME			Rodel Jardeleza					
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B8263	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	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
				SHIPPED DETAILS							
		RECEIVE	ER COMPLETES ON	LY THE SHADED COLUMNS BELO	W						
					OTV	OTV 11	INIIT		UNIT	TOTAL	
IID	ITEM NAME					QTY U		TOTAL COST		RETAIL	
JID	Royal Tree Indoor Flower Hybrid Sundae Driver 3.5g				32	RECID	\$23.00	\$736.00		VALUE	
Royal Tree Indoor Flower Hybrid Forbidden Fruit 3.5g				32		\$23.00					
	Royal Tree Indoor Flower	er rrybha i orbiadeir i fait 3.3g			3,	2	φ23.00	ψ130.00			
				CT REJECTION							
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DET								SECTION ABO	VE		
REASO	ON FOR RECECTION										
			PRODUCT REC	CEIPT CONFIRMATION							
I confir	m that the contents of this	shipment match in weight and co									
		is as inicated received above - and									
_	oducts circled abbove are			istributor for return to the shipper as	indica	ted in th	is form	and all attache	d produc	detail	
NAME	OF PERSON RECEIVING	G AND/OR			PI	HONE					
REJECTIONG PRODUCT					N	UMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D	ATE SIG	SNED				