## SALES INVOICE / SHIPPING MANIFEST

| INVOICE/MANIFEST # SO6987   |   |                          |                        | ACTUAL DATE AND TIME OF DEPARTURE 09/24/2019 02:59 PM |                                      |                        |                  |                 |           |          |  |
|---|---|--------------------------|------------------------|---|--------------------------------------|------------------------|------------------|-----------------|-----------|----------|--|
| ATTACHED PAGES No   |   |                          |                        | ESTIMATED DATE AND TIME OF ARRIVAL                    |                                      |                        |                  |                 |           |          |  |
| SHIPPER INFORMATION   |   |                          |                        |   | RECEIVER INFORMATION                 |                        |                  |                 |           |          |  |
|   |   |                          |                        |   | STATE LICENSE # C12-0000167-LIC      |                        |                  |                 |           |          |  |
|   |   |                          | License                |   | STATE LICENSE2 #                     |                        | C12-0000167-LIC  |                 |           |          |  |
|   |   | Oz Distribution, I       | n Inc                  |   | TYPE OF LICENSE                      |                        | Retailer License |                 |           |          |  |
| BUSINESS ADDRESS 195 Harvey Wes   |   |                          |                        |   |                                      |                        | Dispensa         |                 |           |          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126  PHONE NUMBER (831) 600-7710 |   |                          | DIVU                   |   | BUSINESS ADDRESS                     |                        | 90 Garnet Ave W  |                 |           |          |  |
|   |   |                          |                        |   | CITY, STATE, ZIP CODE                | Palm Springs, CA 92262 |                  |                 |           |          |  |
|   |   |                          | )                      |   |                                      |                        | (760) 673-7400   |                 |           |          |  |
| CONTACT NAME Miguel Felix   |   |                          | CONTACT NAME           |   |                                      | (. 00                  | , 0.0            |                 |           |          |  |
|   |   | 3                        |                        |   |                                      |                        |                  |                 |           |          |  |
|   |   |                          | D                      | ISTRIBUTOR  | INFORMATION                          |                        |                  |                 |           |          |  |
|   |   |                          |                        |   |                                      |                        |                  |                 |           |          |  |
| STATE LICENSE #   |   | C11-0000224-LIC          |                        |   | DRIVER'S NAME                        |                        | Brandon Sumandal |                 |           |          |  |
| BUSINESS NAME   |   | Oz Distribution, Inc.    |                        |   | CA DRVR LIC #                        |                        | D1309712         |                 |           |          |  |
| BUSINESS ADDRESS  |   | 195 Harvey Wes           | 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          |                 |           |          |  |
| CONTACT NAME Miguel Felix   |   |                          |                        | ACTUAL DATE AND TIME OF ARRIVAL                       |                                      |                        |                  |                 |           |          |  |
|   |   |                          | Р                      | RODUCT SHI  | PPED DETAILS                         |                        |                  |                 |           |          |  |
|   |   |                          | RECEIVER COMPL         | ETES ONLY   | THE SHADED COLUMNS BELOV             | W                      |                  |                 |           |          |  |
|   |   |                          |                        |   |                                      |                        |                  |                 |           |          |  |
|   |   |                          |                        |   |                                      | OTV OTV                | LINUT            |                 | UNIT      | TOTAL    |  |
| LIID  | ITEM NAME   |                          |                        |   |                                      | QTY QTY                |                  | TOTAL COST      |           | RETAIL   |  |
| UID ITEM NAME [CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz    |   |                          |                        |   |                                      | 20                     | \$16.50          |                 |           | VALUE    |  |
| [ED0088] Heavenly Sweet Edible Squookies Rockin' Road 100mg THC             |   |                          |                        |   |                                      | 10                     | \$6.38           |                 |           |          |  |
|   | 1072] Heavenly Sweet Edible Squookie Salted Caramel 100mg           |                          | •                      |   |                                      | 0                      | \$8.50           |                 |           |          |  |
|   | 0068] Heavenly Sweet Edible Treats Rocky Road 100mg THC             |                          |                        |   | 10                                   | \$6.38                 |                  |                 |           |          |  |
| ED0064] Heavenly Sweet Edible Treats Berry Crunch 100mg THC                 |   |                          |                        |   | 10                                   | \$6.38                 |                  |                 |           |          |  |
| ED0079] Heavenly Sweet Edible Munchies Muddy Buddies 100mg THC              |   |                          |                        |   | 10                                   | \$6.38                 |                  |                 |           |          |  |
|   | D0081] Heavenly Sweet Edible Munchies Ranch Crackers 100mg THC      |                          |                        |   | 15                                   | \$6.38                 | \$95.70          |                 |           |          |  |
|   | D0091] Heavenly Sweet Edible Munchies Chile Lime Crackers 100mg THC |                          |                        |   |                                      | 10                     | \$6.38           |                 |           |          |  |
|   |   |                          |                        |   |                                      |                        |                  |                 |           |          |  |
|   | IE DDODUGTO   | ADE DE JEOTED D          |                        |   | REJECTION                            | CLUDDED D              |                  | SECTION ADO     | \/F       |          |  |
|   | IF PRODUCTS   | ARE REJECTED P           | LEASE CIRCLE THE I     | TEMS BEING  | REJECTED IN THE PRODUCT              | SHIPPED D              | ETAILS           | SECTION ABO     | VE        |          |  |
| REASO   | N FOR RECECTION   |                          |                        |   |                                      |                        |                  |                 |           |          |  |
|   |   |                          |                        |   |                                      |                        |                  |                 |           |          |  |
|   |   |                          | PROI                   | DUCT RECEIF   | PT CONFIRMATION                      |                        |                  |                 |           |          |  |
|   | that the contents of this s   | •                        | -                      |   |                                      |                        |                  |                 |           |          |  |
| _   | to take custody of all items  |                          |                        |   |                                      |                        |                  |                 |           |          |  |
| The pro-<br>sheet(s)  |   | ejected for delivery a   | nd remain in the custo | dy of the distri                                      | butor for return to the shipper as i | indicated in           | this form        | and all attache | d product | : detail |  |
| NIABAT  | DE DEDOON DESERVICES  | AND/OD                   |                        |   |                                      | DUCATE                 |                  |                 |           |          |  |
| NAME OF PERSON RECEIVING AND/OR<br>REJECTIONG PRODUCT                       |   |                          |                        |   | PHONE<br>NUMBER                      |                        |                  |                 |           |          |  |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT                      |   |                          |                        |   |                                      | DATE S                 | IGNED            |                 |           |          |  |