SALES INVOICE / SHIPPING MANIFEST

INVOICE/	MANIFEST # SO667	'3		ACTUAL DAT	E AND TIME OF DEPART	JRF 09/04	/2019 03·41 F	PM.			
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #		STATE LICENSE #		C12-000000	2-LIC				
TYPE OF	LICENSE	License		S	STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.			Т	TYPE OF LICENSE Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd			E	BUSINESS NAME		Tahoe Welln	noe Wellness Cooperative				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			E	BUSINESS ADDRESS		3445 Lake Tahoe Blvd.					
		CITY, STATE, ZIP CODE		South Lake Tahoe, CA 96150							
		(831) 600-7710	PHONE NUMBER		PHONE NUMBER		530-544-800	0			
CONTAC	TNAME	Miguel Felix		C	CONTACT NAME						
				DISTRIBUTOR II	NFORMATION						
0747511	OFNOF "	044 0000004110		_	NDIVEDIO NAME		5 11 14 1				
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME		Bradley Martinez				
BUSINESS NAME BUSINESS ADDRESS		Oz Distribution, Inc.			CA DRVR LIC # VEHICLE MAKE		B9489158 Ford				
		195 Harvey West Blvd			VEHICLE MODEL		Transit				
CITY, STATE, ZIP CODE PHONE NUMBER			Santa Cruz, CA 950602126 (831) 600-7710		VEHICLE MODEL VEHICLE LIC. PLATE #		54269L2				
		Miguel Felix			ACTUAL DATE AND TIME O		34203L2				
20111710		IVIIguoi i oiix			ARRIVAL	O1					
		RI		PRODUCT SHIP PLETES ONLY TH	PED DETAILS HE SHADED COLUMNS BE	ELOW					
									UNIT	TOTAL	
							QTY UNIT			RETAIL	
JID ITEM NAME							REC'IDOST	TOTAL COST		VALUE	
CO00165] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz						15					
ED0091] Heavenly Sweet Edible Munchies Chile Lime			9			10					
ED0086] Heavenly Sweet Edible Treats Rainbow 100mg TH The Oz Indica OG Sherbet Crumble 1g		нС			10 25						
						25					
The Oz Indica Wedding Cake Crumble 1g Summit Boys Crumble Banana Cream 1g								*			
Summit Boys Crumble Mango Brulee 1g					25 25		· ·				
				PRODUCT R	E IECTION						
	IF PRODUC	TS ARE REJECTED PLEA	SE CIRCLE THE			JCT SHIPF	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
			PRO	ODUCT RECEIPT	CONFIRMATION						
I agree t	to take custody of all ite ducts circled abbove ar	is shipment match in weight ms as inicated received abo e rejected for delivery and re	ove - and which a	are not circled.	utor for return to the shippe	r as indicat	ed in this form	and all attache	d produc	t detail	
NAME	DE DEDOON DECENTA	IC AND/OB				D.	JONE				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR							ATE SIGNED				

REJECTING PRODUCT