## SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANUEEST # 9/	07420	ACTUAL DATE AND TIME OF DEPARTUR	DE 10/25/2010	0 02:E1 DI				
INVOICE/MANIFEST # SO7430 ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVA		9 03.31 FI	VI			
			/ ·=					
Sh	HIPPER INFORMATION	RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10	C10-0000386-LIC				
TYPE OF LICENSE	License	STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Reta	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	The	The Green Earth Farmacie				
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	776	7760 Burnet Ave				
950602126		CITY, STATE, ZIP CODE	Van	Van Nuys, CA 91405				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	+1 8	+1 818-994-1045				
CONTACT NAME	Miguel Felix	CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Ang	Angel Rodriguez				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		B9147506				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Trar	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	542	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL	F					
		PRODUCT SHIPPED DETAILS						
	RECEIVER	R COMPLETES ONLY THE SHADED COLUMNS BEL	LOW					
						UNIT	TOTAL	
			QTY QTY	UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD REC		TOTAL COST		VALUE	
[CT00154] The Oz Indica Cold Water Hash Dosi Do 1g			48	\$8.00				
The Oz Shelf Sup	pport		1	-\$8.00	-\$8.00			
		PRODUCT REJECTION						
IF PRO	DUCTS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN THE PRODUC	CT SHIPPED [	DETAILS S	SECTION ABO	VE		
REASON FOR RECECTION	NC							
REAGONT ON REGEOTIC								
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents	of this shipment match in weight and cou	nt as indicated above.						
	all items as inicated received above - and ve are rejected for delivery and remain in	which are not circled. the custody of the distributor for return to the shipper a	as indicated in	this form	and all attache	d produc	t detail	
(-)								
NAME OF PERSON RECI REJECTIONG PRODUCT			PHONE NUMBE					
SIGNATURE OF PERSON REJECTING PRODUCT	N RECEIVING AND/OR		DATE	SIGNED				