SALES INVOICE / SHIPPING MANIFEST

	SALLS	IVVOIC	CE / SIIII I ING MAINI	LLN	1					
INVOICE/MANIFEST # SO7329 ACTU			UAL DATE AND TIME OF DEPARTURE 10/16/2019 06:59 PM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION			REC	RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #		C10-0000489-LIC					
YPE OF LICENSE License		STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Dr Greenthumb Eureka						
CITY, STATE, ZIP CODE	Santa Cruz, CA		BUSINESS ADDRESS	1762 Myrtle Ave						
	950602126		CITY, STATE, ZIP CODE		Eureka, CA 95501					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		0					
CONTACT NAME	Miguel Felix	CONTACT NAME								
		DIST	TRIBUTOR INFORMATION							
STATE LICENSE #	C11-0000224-LIC		DRIVER'S NAME		Bradley Martinez					
BUSINESS NAME Oz Distribution, Inc.			CA DRVR LIC #	B9489158			-			
BUSINESS ADDRESS	195 Harvey West Blvd		VEHICLE MAKE	Ford						
CITY, STATE, ZIP CODE Santa Cruz, CA 95			VEHICLE MODEL		Transit					
PHONE NUMBER (831) 600-7710			VEHICLE LIC. PLATE #	54269L2						
CONTACT NAME	Miguel Felix		ACTUAL DATE AND TIME OF	ACTUAL DATE AND TIME OF						
			ARRIVAL							
		PRC	DDUCT SHIPPED DETAILS							
	RECEIVE	ER COMPLET	FES ONLY THE SHADED COLUMNS BELC	OW						
								UNIT	TOTAL	
				QTY	QTY (JNIT		RETAIL	RETAIL	
UID ITEM NAME				ORD	REC'I	DOST	TOTAL COST	VALUE	VALUE	
[ED00112] Cosmo D's Edible Chocolate Bar Extra Toasted Coconut 100mg				10)	\$6.50	\$65.00			
[ED00114] Cosmo D's Edible Chocolate Bar Vegan Crumble 100mg)	\$6.50	\$65.00			
[ED00104] Cosmo D's Edible Chocolate Bar Cosmic Berry Crunch 100mg)	\$6.50	\$65.00			
		F	PRODUCT REJECTION							
IF PROD	UCTS ARE REJECTED PLEASE CIR	CLE THE ITE	MS BEING REJECTED IN THE PRODUCT	SHIPE	PED DE	TAILS	SECTION ABO	VE		
REASON FOR RECECTION										
		DDODII	IOT DECEIDT CONFIDMATION							
I confirm that the contents of	this shipment match in weight and co		ICT RECEIPT CONFIRMATION							
	items as inicated received above - an									
,			of the distributor for return to the shipper as	indicat	ted in th	nis form	and all attache	d produc	t detail	
NAME OF PERSON RECEIV	/ING AND/OR			PI	HONE					
REJECTIONG PRODUCT				NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					ATE SI					