SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO6445	<u> </u>	ACTUAL	DATE AND TIME OF DEPARTURE	E 08/22	P/2019 10:31 Δ	M			
ATTACHED PAGES No				TED DATE AND TIME OF ARRIVAL		.,2010 10.017				
	SHIP	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE # C11-000		C11-0000224-LIC	STATE LICENSE #			A10-17-0000061-TEMP				
	FLICENSE	License		STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		OC3 Dispensary					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		3122 Halladay Street					
950602126			CITY, STATE, ZIP CODE		Santa Ana, CA 92705					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		714-754-1348					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUT	OR INFORMATION						
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		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		Transit				
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
		RECEIVE		SHIPPED DETAILS LY THE SHADED COLUMNS BELO)W					
					OTV	QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
JID	ITEM NAME					REC'IDOST	TOTAL COST			
JID	Royal Tree Indoor Flower Chemdawg Sativa 3.5g				64				VALUE	
S -Royal Tree Indoor Flower Chemdawg Sativa 3.5g				1		. , ,				
	o riojai rioc iliacci r	one: enemaing earra eneg				φοιο	φσισ .			
				CT REJECTION						
	IF PRODUCT	TS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEI	ING REJECTED IN THE PRODUCT	SHIPF	PED DETAILS	SECTION ABO	VE		
REASO	ON FOR RECECTION									
			DDODUCT DEC	CEIDT CONFIDMATION						
Loopfir	m that the contents of this	s shipmont match in weight and ac-		CEIPT CONFIRMATION						
		s shipment match in weight and counts as inicated received above - and								
-	oducts circled abbove are			istributor for return to the shipper as	indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED				