SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7359			ACTUAL DATE AND TIME OF DEPARTURE 10/22/2019 04:30 PM									
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #			C10-0000321-LIC						
	PE OF LICENSE License				STATE LICENSE2 #		C10-0000321-LIC					
	USINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE			Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			lvd		BUSINESS NAME		IVTHC CV Wellness					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		11555 Palm Dr						
950602126				CITY, STATE, ZIP CODE	Desert Hot Springs, CA 92240							
PHONE NUMBER (831) 600-7710					PHONE NUMBER			0				
CONTACT NAME Miguel Felix			CONTACT		CONTACT NAME							
			С	DISTRIBUTOF	RINFORMATION							
STATE LICENSE # C11-0000224-LIC					DRIVER'S NAME			Brandon Sumandal				
		Oz Distribution, Inc.			CA DRVR LIC #		D1309712					
BUSINESS ADDRESS		195 Harvey West B			VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950			VEHICLE MODEL	DDEL Transit			sit			
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #	54269L2						
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME ARRIVAL	OF						
		l			IPPED DETAILS THE SHADED COLUMNS E	BELOW						
UID	ITEM NAME						QTY UND REC'ID		TOTAL COST		TOTAL RETAIL	
	535] Kanebes Indica Flower Skywalker Smalls 3.5g						2	\$9.00			VALUE	
	[L00566] Kanebes Indica Flower White Tahoe 3.5g smalls					3:		\$9.00				
	Kanebes Indica Flo			3		\$9.00						
				PRODUCT	REJECTION							
	IF PROD	UCTS ARE REJECTED PLE	ASE CIRCLE THE	ITEMS BEING	REJECTED IN THE PROD	UCT SHIP	PED DET	AILS	SECTION ABO	VE		
REASO	N FOR RECECTION	1										
			PRO	DUCT RECEI	PT CONFIRMATION							
I confirm	n that the contents of	this shipment match in weigl										
_	ducts circled abbove	items as inicated received at are rejected for delivery and			ibutor for return to the shipp	er as indica	ated in this	s form	and all attache	d produc	t detail	
	NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE					
SIGNATURE OF PERSON RECEIVING AND/OR							ATE SIG	NED				