SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	ICE / S		ILES	1					
INVOICE/MANIFEST # SO6527				ACTUAL DATE AND TIME OF DEPARTURE 08/29/2019 04:14 PM								
ATTACH	ED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
		SHIPPER INFORM	1ATION		REC	EIVE	ER INI	FOF	RMATION	1		
STATE LICENSE # C11-0000224-LIC			C	STATE LICENSE #			C9-000059-LIC					
TYPE OF LICENSE			License		STATE LICENSE2#		00 0000					
BUSINESS NAME		Oz Distribution, I	on. Inc.		TYPE OF LICENSE Retailer			License				
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Bay Care					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS			2200 Ce		-			
,	,	950602126			CITY, STATE, ZIP CODE		San Francisco , CA 94124					
PHONE NUMBER (831) 600-7710					PHONE NUMBER		(415) 647-7520					
CONTACT NAME		Miguel Felix			CONTACT NAME							
			[DISTRIBUTO	R INFORMATION							
STATE	ICENSE #	C11-0000224-LI0	С		DRIVER'S NAME		Brandon	Sum	andal			
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		D1309712					
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					
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF	:						
					ARRIVAL							
					HIPPED DETAILS THE SHADED COLUMNS BELO	OW						
UID	ITEM NAME						QTY UN		TOTAL COST		TOTAL RETAIL VALUE	
	Heavenly Sweet Edible Munchies Chile Lime Crackers 100mg THC			;		10		8.50	\$85.00			
Summit Boys Caviar Crumble I			·			8		17.50				
Summit Boys Caviar S		Caviar Sugar Gorilla Glue #4 1g					\$	\$17.50	\$0.00)		
Summit Boys Caviar Su		Caviar Sugar Cali Girl 1g	ugar Cali Girl 1g				\$2	25.00	\$100.00			
The Oz Indica Wedding		Wedding Cake Crumble 1g	Cake Crumble 1g				2 \$	13.00	\$156.00			
Summit Boys Skywalker		Skywalker Sauce 1g	Sauce 1g			12	2 \$	12.50	\$150.00			
The Oz Hybrid Gorilla Cake Crumble 1g								13.00	\$156.00			
				PRODUC [*]	Γ REJECTION							
	IF F	PRODUCTS ARE REJECTED P	LEASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUC	T SHIPP	PED DETA	AILS S	SECTION ABO	VE		
REASC	ON FOR RECE	CTION										
			PRO	DUCT RECE	IPT CONFIRMATION							
I confirm	m that the conte	ents of this shipment match in we										
I agree	to take custody oducts circled a	of all items as inicated received	d above - and which ar	re not circled.	ributor for return to the shipper a	s indicat	ed in this	form	and all attached	d product	t detail	
NAME	OF PERSON R	ECEIVING AND/OR				PH	HONE					
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR								IED				

REJECTING PRODUCT