

SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST #	SO7315	ACTUAL DATE AND TIME OF DEPARTURE	10/16/2019 06:49 PM
ATTACHED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL	

SHIPPER INFORMATION		RECEIVER INFORMATION	
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000380-LIC
TYPE OF LICENSE	License	STATE LICENSE2 #	
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Mount Shasta Patient Collective
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	BUSINESS ADDRESS	408 S Mt. Shasta Blvd
PHONE NUMBER	(831) 600-7710	CITY, STATE, ZIP CODE	Mt. Shasta, CA 96067
CONTACT NAME	Miguel Felix	PHONE NUMBER	(530) 926-6337
		CONTACT NAME	

DISTRIBUTOR 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 950602126	VEHICLE MODEL	Transit
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL	

PRODUCT SHIPPED DETAILS
RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW

UID	ITEM NAME	QTY ORD	QTY REC'D	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE
[ED00128]	S - Cosmo D's Edible Chocolate Bar Cosmic Berry Crunch 100mg	5		\$0.01	\$0.05		
[ED00127]	S - Cosmo D's Edible Chocolate Bar Hazy Hazelnut 100mg	5		\$0.01	\$0.05		
[ED00129]	S - Cosmo D's Edible Chocolate Bar Extra Toasted Coconut 100mg	5		\$0.01	\$0.05		
[ED00126]	S - Cosmo D's Edible Chocolate Bar Vegan Crumble 100mg	5		\$0.01	\$0.05		

PRODUCT REJECTION
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE

REASON FOR RECECTION	
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PRODUCT RECEIPT CONFIRMATION
I confirm that the contents of this shipment match in weight and count as indicated above.
I agree to take custody of all items as inicated received above - and which are not circled.
The products circled above are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached product detail sheet(s).

NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT	PHONE NUMBER
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT	DATE SIGNED