SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANUEEST # COZ	240	ACTUAL DATE AND TIME OF DEDA	DTUDE 44/4	2/2040 04-20 D	N 4			
INVOICE/MANIFEST # SO7619 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DEPA ESTIMATED DATE AND TIME OF AI		3/2019 04.29 P	IVI			
THE TROUBLE IN		ESTIMATED BATE AND TIME OF AN	artitivite.					
SHII	PPER INFORMATION	F	RECEIVER INFORMATION					
STATE LICENSE #	LICENSE # C11-0000224-LIC STATE LICENSE #			C10-0000109	9-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	BUSINESS NAME Golden		en State Patient Care			
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS		233 CA-174				
950602126		CITY, STATE, ZIP CODI	Ε	Colfax, CA 95713				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	PHONE NUMBER (530) 512-5183					
CONTACT NAME Miguel Felix		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 #	ŧ	54269L2				
CONTACT NAME Miguel Felix		ACTUAL DATE AND TIN	ME OF					
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS	S BELOW					
			OTV	OTV LINIT		UNIT	TOTAL	
UID ITEM NAME				QTY UNIT	TOTAL COST		RETAIL	
[CT00176] The Oz Indica Shatte	or Purple Punch 1a		24				VALUE	
[CT00169] The Oz Hybrid Shatter Apple Cobbler 1g			2.	_				
O 100 103] The OZ Hybrid Griati	er Apple Cobblet 1g		2.	Ψ Ψ10.00	ψ312.00			
		PRODUCT REJECTION						
IF PRODU	ICTS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE PRO	ODUCT SHIPI	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
	this shipment match in weight and co							
	tems as inicated received above - an- are rejected for delivery and remain ir	a which are not circled. the custody of the distributor for return to the ship	pper as indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIV			HONE UMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				ATE SIGNED				