SALES INVOICE / SHIPPING MANIFEST

		571	LLD II V O	ICL / D			J1				
INVOICE/MANIFEST # SO6224				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 08/14/2019 02:11 PM						
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LIC	CENSE #	C11-0000224-LIC)		STATE LICENSE #						
TYPE OF L	LICENSE	License			STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer Licen	se				
BUSINESS ADDRESS 195 Harvey West Blvd		Blvd		BUSINESS NAME Bills samples							
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			BUSINESS ADDRESS	BUSINESS ADDRESS 0					
					CITY, STATE, ZIP CODE		0, CA 0				
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0					
CONTACT NAME Miguel Felix					CONTACT NAME						
			D	ISTRIBUTOR	INFORMATION						
STATE LICENSE # C1		C11-0000224-LIC	C11-0000224-LIC		DRIVER'S NAME	Bradley Martinez		nez			
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						
			Р	RODUCT SH	IPPED DETAILS						
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	LOW					
									UNIT	TOTAL	
						OTV	QTY UNIT			. RETAIL	
UID ITEM NAME							TOTAL COST				
S - Kanebes Hybrid Flower Whitezilla 3.5g						1 \$0.01	\$0.01		17.202		
S- Kanebes Sativa Flower Lemon Skittlez 3.5g			1				1 \$0.01	\$0.01			
S - Kanebes Indica Flower Underdog 3.5g							1 \$0.00	\$0.00			
	IE PRODI ICT	S ARE REJECTED DI	EASE CIRCLE THE I		REJECTION REJECTED IN THE PRODUC	T SHID	DED DETAILS	SECTION ARC	1\/E		
	II TROBUCT	O ARE RESECTED I	LAGE GINGLE THE I	TEMO BEING	RESECTED IN THE TRODUC	71 01111	T ED DETAILO	DECTION ADO	V L		
REASON	FOR RECECTION										
			PROI	DUCT RECEI	PT CONFIRMATION						
I confirm	that the contents of this	shipment match in we	ight and count as indic	cated above.							
_					ibutor for return to the shipper a	as indica	ated in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							PHONE JUMBER				
SIGNATURE OF PERSON RECEIVING AND/OR							DATE SIGNED				
REJECTING PRODUCT											