## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST#	SO6336	ACTUAL DATE AND TIME OF DEPARTURE	08/16/2019	12·11 PI	М			
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		12.1111	VI			
S	HIPPER INFORMATION	RECI	RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC STATE LICENSE #		C10-18-0000275-TEMP					
TYPE OF LICENSE	License	STATE LICENSE2#						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Reta	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Unifie	Unified Patient Alliance				
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRESS	8416	8416 Lankershim Blvd				
	950602126	CITY, STATE, ZIP CODE	Sun Valley, CA 91352					
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	PHONE NUMBER (818) 504-8255					
CONTACT NAME	Miguel Felix	CONTACT NAME						
		DISTRIBUTOR INFORMATION						
		DISTRIBUTOR INFORMATION						
STATE LICENSE # C11-0000224-LIC		DRIVER'S NAME	Ange	Angel Rodriguez				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC#	B914					
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Trans	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	5426	9L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL						
		PRODUCT SHIPPED DETAILS						
	RECEIVER C	OMPLETES ONLY THE SHADED COLUMNS BELO	W					
						UNIT	TOTAL	
			QTY QTY			RETAIL	RETAIL	
UID ITEM NAME			ORD REC'	DOST	TOTAL COST	VALUE	VALUE	
	brid Flower Master Blaster 3.5g		5 4	\$19.00				
[CO00165] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz				\$33.00	\$132.00			
		PRODUCT REJECTION						
IF PR	ODUCTS ARE REJECTED PLEASE CIRCLE	THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED D	ETAILS S	SECTION ABO	VE		
REASON FOR RECECT	ION							
		PRODUCT RECEIPT CONFIRMATION						
	s of this shipment match in weight and count a							
	f all items as inicated received above - and whove are rejected for delivery and remain in the	ich are not circled. custody of the distributor for return to the shipper as	indicated in t	this form	and all attache	d produc	t detail	
NAME OF PERSON REC			PHONE NUMBE					
SIGNATURE OF PERSO REJECTING PRODUCT	ON RECEIVING AND/OR		DATE S					