## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7562			ACTUAL DATE AND TIME OF DEPARTURE 11/05/2019 03:25 PM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED PAGES No			ESTIMATE	D DATE AND TIME OF ARRIVAL	-					
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC			STATE LICENSE #		C12-0000204	-LIC			
YPE OF LICENSE	License			STATE LICENSE2#		C12-0000204	-LIC			
BUSINESS NAME	Oz Distribution, Inc.	ibution, Inc.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS  195 Harvey West Blvd  CITY, STATE, ZIP CODE  Santa Cruz, CA  950602126  PHONE NUMBER  (831) 600-7710		BUSINESS NAME			DESERT S FINEST PATIENTS COOPERATIVE II					
				BUSINESS ADDRESS CITY, STATE, ZIP CODE		12106 Palm Dr				
						Desert Hot Springs, CA 92240				
			PHONE NUMBER			(833) 438-5874				
ONTACT NAME Miguel Felix			CONTACT NAME							
		DI	ISTRIBUTO	RINFORMATION						
STATE LICENSE #	ATE LICENSE # C11-0000224-LIC			DRIVER'S NAME		lan John Sternberger				
SUSINESS NAME Oz Distribution, Inc.				CA DRVR LIC #		B9920672				
BUSINESS ADDRESS 195 Harvey West Blvd				VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		26		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-7710				VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL						
				,,						
	RECE			HIPPED DETAILS THE SHADED COLUMNS BELO	)\//					
	KLOL	IVER COM L	LILO ONLI	THE OFFICE COLONINO BEEC	7**					
								UNIT	TOTAL	
						QTY UNIT			RETAIL	
IID ITEM NAME						REC'IDOST	TOTAL COST		VALUE	
[FL00579] Kanebes Indica Flower Wedding Cake Smalls 3.5g					50	\$8.50				
[FL00607] Kanebes Indica Flower Hollyweed 3.5g. SMALLS					50	\$8.50				
Kanebes Shelf Support					3	-\$8.50				
CT00170] The Oz Indica Crumble Purple Punch 1g  The Oz Shelf Support					24	\$12.00 -\$16.00	· ·			
FL00609] Kanebes Indica Flower Mendo Breath 3.5g. SMALLS					50	\$9.00				
CT00150] The Oz Hybrid Crumble Cherry Vortex 1g					24	\$12.00				
			PRODUCT	REJECTION						
IF PROI	DUCTS ARE REJECTED PLEASE	CIRCLE THE IT			SHIPPI	ED DETAILS	SECTION ABO	VE		
REASON FOR RECECTIO	N									
	1									
Loonfirm that the contacts	of this chinmont match in waight			IPT CONFIRMATION						
	of this shipment match in weight and Il items as inicated received above									
,	e are rejected for delivery and rema			ributor for return to the shipper as	indicate	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECE	IVING AND/OR				PH	ONE				
REJECTIONG PRODUCT						MBER				

DATE SIGNED

SIGNATURE OF PERSON RECEIVING AND/OR

REJECTING PRODUCT