		SA	LES INV	OICE / S	SHIPPING MAN	IFES) [
INVOICE/MANIFEST # SO6734				ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:21 PM						
ATTACHED PAGES No				ESTIMAT	ED DATE AND TIME OF ARRIVA	AL					
	SHIF	PER INFORM	IATION		REC	CEIVE	ER INFO	RMATIO	V		
STATE LICENSE #		C11-0000224-LIC			STATE LICENSE # C10-0000136-LIC						
TYPE OF LICENSE		License	License		STATE LICENSE2 #						
		Oz Distribution, I			TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS		195 Harvey Wes	•		BUSINESS NAME		Smart Collective				
CITY, S	TATE, ZIP CODE	Santa Cruz, CA			BUSINESS ADDRESS		10745 RIVERSIDE DR SUITE A 91602				
		950602126	0		CITY, STATE, ZIP CODE		North Hollywood, CA 91602				
	NUMBER	(831) 600-7710			PHONE NUMBER 818.856.8208						
CONTA	CT NAME	Miguel Felix		CONTACT NAME							
				DICTRIBUTO							
				DISTRIBUTO	OR INFORMATION						
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9147506				
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 # 54269						
CONTA	CT NAME	Miguel Felix	elix		ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COM		SHIPPED DETAILS Y THE SHADED COLUMNS BEL	OW					
									UNIT	TOTAL	
							QTY UNIT			RETAIL	
UID	ITEM NAME						REC'IDOST	TOTAL COST		VALUE	
	Summit Boys Caviar S						\$24.00				
Summit Boys Caviar Cru Summit Boys Refined Cr S -Summit Boys Caviar S							\$16.00				
) \$16.00 1 \$0.01					
		-	a				φοιο.				
	S -Summit Boys Caviar Crumble Gorilla OG 1g S-Summit Boys Refined Crumble True OG 1g		•			1	1 \$0.01 1 \$0.01				
	IE DD 0 D 1 1	770 ADE DE JEOTED D			T REJECTION	T 01 11 D	SED DETAIL O	05051011450			
	IF PRODUC	STS ARE REJECTED P	LEASE CIRCLE TH	IE ITEMS BEIN	NG REJECTED IN THE PRODUC	JI SHIPE	PED DETAILS	SECTION ABO)VE		
REAS	ON FOR RECECTION										
					EIPT CONFIRMATION						
	rm that the contents of th	•	-								
_					l. stributor for return to the shipper a	as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
	ATURE OF PERSON RE	CEIVING AND/OR					ATE SIGNED				

REJECTING PRODUCT