## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7713				ACTUAL DATE AND TIME OF DEPARTURE 11/13/2019 03:31 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION					
STATE L	ICENSE #	C11-0000224-LIC			STATE LICENSE #	(	C10-0000326	-LIC		
TYPE OF LICENSE License				STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE	F	Retailer Licen	se			
BUSINESS ADDRESS 195 Harvey West Blvd		Blvd	BUSINESS NAME		L	La Florista				
950602126		Santa Cruz, CA			BUSINESS ADDRESS	2	242 Main Street			
		950602126			CITY, STATE, ZIP CODE	١	Weed, CA 96094			
PHONE NUMBER (831) 600-7710				PHONE NUMBER	(	(530) 408-0420				
CONTACT NAME Miguel Felix					CONTACT NAME					
			D	ISTRIBUTOF	RINFORMATION					
CTATE I	ICENICE #	044 0000004 146	<u> </u>		DDIVEDIO NAME	,				
STATE LICENSE # BUSINESS NAME		C11-0000224-LIC Oz Distribution, Inc.			DRIVER'S NAME CA DRVR LIC #		Bradley Martinez B9489158			
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE Ford			,		
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL		Fransit			
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2			
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF		S INSULE			
00		,guo o			ARRIVAL					
					IIPPED DETAILS THE SHADED COLUMNS BEL	.OW				
UID	ITEM NAME						OTY UNIT	TOTAL COST		TOTAL RETAIL VALUE
[CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz						3	\$33.00	\$99.00		
ED00037] Heavenly Sweet Edible Squookies Gingersnap 100mg THC						10	\$8.50	\$85.00		
ED00007] Cosmo D's Edible Rice Crispy Treat Snickerdoodle 100mg						10	\$7.49	\$74.90		
				PRODUCT	REJECTION					
	IF PRODUC	CTS ARE REJECTED PL	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPPE	D DETAILS	SECTION ABO	VE	
REASC	ON FOR RECECTION									
			PPOF	OLICT RECE	PT CONFIRMATION					
Lconfir	m that the contents of th	nis shipment match in we			I I COIN INNVITOR					
I agree	to take custody of all ite	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	as indicated	d in this form	and all attache	d product	t detail
NAME OF PERSON RECEIVING AND/OR					PHO	ONE				
REJECTIONG PRODUCT						NUI	MBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DAT	TE SIGNED			