## SALES INVOICE / SHIPPING MANIFEST

					ACTUAL DATE AND TIME OF DEPARTURE 09/03/2019 10:54 AM							
ATTACH	HED PAGES No	0		ESTIMATED DATE AND TIME OF ARRIVAL								
	SH	HIPPER INFORM	ATION		REC	EIVI	ER	INFOF	RMATION	٧		
STATE LICENSE # C11-0000224-LIC			2	STATE LICENSE #		C10-0000217-LIC						
	TYPE OF LICENSE License				STATE LICENSE2 #		A10-17-0000069-TEMP					
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME			From the Earth					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126  PHONE NUMBER (831) 600-7710  CONTACT NAME Miguel Felix					BUSINESS ADDRESS		3023 ORANGE AVE S					
				CITY, STATE, ZIP (			Santa Ana, CA 92707					
			PHONE NUMBER		(949) 784-9032							
					CONTACT NAME	, ,						
				DISTRIBUT	OR INFORMATION							
STATE LICENSE # C11-0000224-LICENSE C11-000024-LICENSE C11-0000024-LICENSE C11-0000024-LICENSE C1		C		DRIVER'S NAME	Angel Rodriguez			ez				
BUSINESS NAME		Oz Distribution, I	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	(831) 600-7710		VEHICLE LIC. PLATE #		54269L2					
CONTAC	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF	:						
					ARRIVAL							
			RECEIVER COM		SHIPPED DETAILS LY THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME							UNIT	TOTAL COST		TOTAL RETAIL VALUE	
Royal Tree Indoor Flower Chemdawg Sativa 3.5g		3.5g			6	4	\$21.00	\$1,344.00				
CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz						3	0	\$22.00	\$660.00			
S -Royal Tree Indoor Flower Chemdawg Sativa 3.5g							1	\$0.01	\$0.01			
				PRODU	CT REJECTION							
	IF PRO	DUCTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS BEI	NG REJECTED IN THE PRODUC	T SHIP	PED [	DETAILS S	ECTION ABO	VE		
REASO	ON FOR RECECTION	N										
			Pl	RODUCT REC	CEIPT CONFIRMATION							
I confir	m that the contents	of this shipment match in we	eight and count as i	indicated abov	re.							
_	oducts circled abbov	all items as inicated received we are rejected for delivery a			d. istributor for return to the shipper a	s indica	ited in	this form a	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE	SIGNED				