## SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	JICE	/ SHIPPING MAIN	ILES	) ]				
INVOICE/MANIFEST # SO7717				ACTUAL DATE AND TIME OF DEPARTURE 11/12/2019 03:30 PM							
ATTACHED PAGES No					ESTIMATED DATE AND TIME OF ARRIVAL						
	SHIF	PPER INFORM	ATION		REC	EIVE	ER INFO	RMATION	1		
STATE LICENSE # C11-0000224-LIC					STATE LICENSE #		C10-0000472	-LIC			
TYPE OF LICENSE License					STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd		BUSINESS NAME		Colombia Care				
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		4645 De Soto St.				
950602126				CITY, STATE, ZIP CODE		San Diego, CA 92109					
PHONE NUMBER (831) 600-7710					PHONE NUMBER 0						
CONTACT NAME Miguel Felix				CONTACT NAME							
				DISTRIB	UTOR INFORMATION						
STATE L	ICENSE #	C11-0000224-LIC			DRIVER'S NAME		Rodel Jardele	za			
BUSINESS NAME Oz Distribution, Inc.					CA DRVR LIC #		B82636677				
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd	VEHICLE MAKE			Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			950602126		VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710	710		VEHICLE LIC. PLATE #	54269L2					
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COM		CT SHIPPED DETAILS DNLY THE SHADED COLUMNS BEL	.OW					
						QTY	QTY UNIT			TOTAL RETAIL	
UID	ITEM NAME							TOTAL COST		VALUE	
[CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz					10	_					
[CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz						(	,				
ED00118] Dollar Dose - lozenge - Indica Apple - 5mg						100					
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg [ED00017] Dollar Dose - lozenge - Sativa Hibiscus - 5mg						100					
[ED00120] Dollar Dose - lozenge - Indica Rootbeer - 5mg						100	,,,,				
	IE DDODU	CTC ADE DE JECTED DI			OUCT REJECTION	T CLUDE		SECTION ABO	\/ <b>_</b>		
	IF PRODUC	JIS ARE REJECTED PI	LEASE CIRCLE IN	E II EIVIS E	BEING REJECTED IN THE PRODUC	I SHIPE	PED DETAILS	SECTION ABO	VE		
REASC	ON FOR RECECTION										
			DD		ECEIDT CONEIDMATION						
Leonfire	m that the contents of th	nis shipment match in we			ECEIPT CONFIRMATION						
		ems as inicated received	•								
	oducts circled abbove a				e distributor for return to the shipper a	s indicat	ted in this form	and all attache	d produc	t detail	
						_					
NAME OF PERSON RECEIVING AND/OR					PHONE						
REJECTIONG PRODUCT					NUMBER  DATE SIGNED						
SIGNATURE OF PERSON RECEIVING AND/OR						D/	TIE SIGNED				

REJECTING PRODUCT