SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7875				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:16 PM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000401-LIC					
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blv			Blvd		BUSINESS NAME		Super Clinik					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126					BUSINESS ADDRESS	2525 BIRCH ST S						
					CITY, STATE, ZIP CODE		Santa Ana, CA 92707					
PHONE NUMBER (831) 600-7710			PH		PHONE NUMBER		(714) 557-2050					
CONTACT NAME Miguel Felix					CONTACT NAME	CONTACT NAME						
			D	ISTRIBUTOF	R INFORMATION							
STATELL	CENSE #	C11-0000224-LIC	<u> </u>		DRIVER'S NAME		Rode	al lardele	72			
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		Rodel Jardeleza B82636677					
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 #		54269L2					
CONTAC		Miguel Felix			ACTUAL DATE AND TIME OF							
					ARRIVAL							
					HIPPED DETAILS THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME						QTY		TOTAL COST		TOTAL RETAIL VALUE	
[FL00237] Kanebes Indica Preroll Purple Punch 0.8g							\$3.50	\$350.00				
[FL00422] Kanebes Hybrid Preroll Wedding Cake 0.8g								\$3.50	\$350.00			
[FL00423] Kanebes Sativa Preroll Mike Larry 0.8g					100	0	\$3.50	\$350.00				
				PRODUCT	REJECTION							
	IF PRODUC	TS ARE REJECTED PI	LEASE CIRCLE THE I		REJECTED IN THE PRODUC	T SHIP	PED D	ETAILS S	SECTION ABO	VE		
REASC	N FOR RECECTION											
Loonfi	n that the contents of the	is shipment match in we			IPT CONFIRMATION							
I agree	to take custody of all ite	ms as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	s indica	ted in	this form a	and all attached	d product	t detail	
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT							UMBE					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED				