## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO75	524	ACTUAL DATE AND TIME OF DEPARTURE 1	0/30/2010 03:00 PM		
ATTACHED PAGES No SHIPPER INFORMATION		ESTIMATED DATE AND TIME OF ARRIVAL			
		RECE	RECEIVER INFORMATION		
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000326-LIC		
TYPE OF LICENSE	License	STATE LICENSE # STATE LICENSE2 #	C10-0000320-LIC		
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License		
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	La Florista		
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	242 Main Street		
0111, 017(12, 211 0002	950602126	CITY, STATE, ZIP CODE	Weed, CA 96094		
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	(530) 408-0420		
CONTACT NAME	Miguel Felix	CONTACT NAME	(000) 100 0.00		
		DISTRIBUTOR INFORMATION			
CTATE LICENCE #	C11-0000224-LIC	DDIVED'S NAME	Dradley Martinez		
STATE LICENSE # BUSINESS NAME	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	Transit		
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2		
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL	0.120012		
		PROPUST OF THE PETALL OF			
	RECEIVE	PRODUCT SHIPPED DETAILS R COMPLETES ONLY THE SHADED COLUMNS BELOW			
			UNIT TOTAL		
LUD ITEMANAME			QTY QTY UNIT RETAIL RETAIL		
UID ITEM NAME [CT00150] The Oz Hybrid Crumble Cherry Vortex 1g			ORD REC'IDOST TOTAL COST VALUE VALUE		
[C100150] The OZ Hybrid Crum	ble Cherry Vortex 1g		24 \$13.00 \$312.00		
		PRODUCT REJECTION			
IF PRODU	ICTS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE PRODUCT SI	HIPPED DETAILS SECTION ABOVE		
REASON FOR RECECTION					
		PRODUCT RECEIPT CONFIRMATION			
I confirm that the contents of t	this shipment match in weight and co	unt as indicated above.			
	tems as inicated received above - an are rejected for delivery and remain ir	d which are not circled. In the custody of the distributor for return to the shipper as inc	dicated in this form and all attached product detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER		
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT			DATE SIGNED		