## SALES INVOICE / SHIPPING MANIFEST

|   |   | SA                     | LLS IIV O                               |                  |   | II LO        | 1                         |            |                 |          |          |  |
|---|---|------------------------|---|------------------|---|--------------|---------------------------|------------|-----------------|----------|----------|--|
| INVOICE/MANIFEST # SO5969   |   |                        |   | ACTUAL D         | ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 04:37 PM |              |                           |            |                 |          |          |  |
| ATTACHI   | ED PAGES No   |                        | ESTIMATED DATE AND TIME OF ARRIVAL      |                  |   |              |                           |            |                 |          |          |  |
|   |   |                        |   |                  |   |              |                           |            |                 |          |          |  |
| SHIPPER INFORMATION   |   |                        |   |                  | RECEIVER INFORMATION                                  |              |                           |            |                 |          |          |  |
| STATE LICENSE # C11-0000224-LIC   |   |                        | 3                                       |                  | STATE LICENSE #                                       |              | C9-0000184-LIC            |            |                 |          |          |  |
| TYPE OF LICENSE License   |   |                        |   |                  | STATE LICENSE2#                                       |              |                           |            |                 |          |          |  |
| BUSINESS NAME Oz Distribution, In   |   |                        | nc.                                     |                  | TYPE OF LICENSE                                       |              | Retailer License          |            |                 |          |          |  |
| BUSINESS ADDRESS 195 Harvey West  |   |                        | Blvd                                    |                  | BUSINESS NAME   |              | The Diamond Bonsai        |            |                 |          |          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA  |   |                        |   | BUSINESS ADDRESS |   | 920 52nd Ave |                           |            |                 |          |          |  |
| 950602126   |   |                        |   |                  | CITY, STATE, ZIP CODE                                 |              | OAKLAND, CA 94601         |            |                 |          |          |  |
| PHONE NUMBER (831) 600-7710   |   |                        |   |                  | PHONE NUMBER  |              | 9704719967                |            |                 |          |          |  |
| CONTACT NAME Miguel Felix   |   |                        |   |                  | CONTACT NAME  |              |                           |            |                 |          |          |  |
|   |   |                        | D                                       | ISTRIBUTO        | R INFORMATION   |              |                           |            |                 |          |          |  |
| STATELL   | ICENSE #  | C11-0000224-LIC        | `                                       |                  | DRIVER'S NAME   |              | Bran                      | don Sum    | andal           |          |          |  |
|   |   | Oz Distribution, Inc.  |   |                  | CA DRVR LIC #   |              | Brandon Sumandal D1309712 |            |                 |          |          |  |
| BUSINESS ADDRESS  |   | 195 Harvey West Blvd   |   |                  | VEHICLE MAKE  |              | Ford                      |            |                 |          |          |  |
|   |   | Santa Cruz, CA 9       |   |                  | VEHICLE MODEL Transit                                 |              |                           |            |                 |          |          |  |
| PHONE NUMBER  |   | (831) 600-7710         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  | VEHICLE LIC. PLATE # 54269L                           |              |                           |            |                 |          |          |  |
| CONTACT NAME  |   | Miguel Felix           |   |                  | ACTUAL DATE AND TIME O                                | F            |                           |            |                 |          |          |  |
|   |   | , <b>g</b>             |   |                  | ARRIVAL   |              |                           |            |                 |          |          |  |
|   |   |                        | P                                       | RODUCT SH        | IIPPED DETAILS  |              |                           |            |                 |          |          |  |
|   |   |                        | RECEIVER COMPL                          | ETES ONLY        | THE SHADED COLUMNS BE                                 | LOW          |                           |            |                 |          |          |  |
|   |   |                        |   |                  |   |              |                           |            |                 | UNIT     | TOTAL    |  |
|   |   |                        |   |                  |   | QTY          | QTY                       | UNIT       |                 |          | RETAIL   |  |
| UID ITEM NAME   |   |                        |   |                  |   |              |                           | TOTAL COST |                 |          |          |  |
| Kanebes Hybrid Flower Strawberry Banana SMAL<br>Kanebes Indica Flower Holy Grail SMALLS 14g |   | MALLS 28g.             |   |                  | 8   |              | \$67.00                   | \$536.00   |                 |          |          |  |
|   |   | •                      |   |                  | 16  | 6            | \$35.00                   | \$560.00   |                 |          |          |  |
| [ABC123]  | ABC123] GB2 Indica Flower Birthday Cake 1 LB                |                        |   |                  | 0   |              |                           | \$0.00     | \$0.00          |          |          |  |
|   |   |                        |   | PRODUCT          | REJECTION   |              |                           |            |                 |          |          |  |
|   | IF PRODUCTS   | S ARE REJECTED PI      | LEASE CIRCLE THE I                      |                  | REJECTED IN THE PRODUC                                | CT SHIPF     | PED D                     | ETAILS S   | SECTION ABO     | VE       |          |  |
| REASC   | ON FOR RECECTION  |                        |   |                  |   |              |                           |            |                 |          |          |  |
|   |   |                        | DDO                                     | DEOE             | IDT CONFIDMATION                                      |              |                           |            |                 |          |          |  |
| Leonfire  | m that the contents of this                                 | shinment match in we   |   |                  | IPT CONFIRMATION                                      |              |                           |            |                 |          |          |  |
| I agree   | to take custody of all items<br>oducts circled abbove are r | s as inicated received | above - and which are                   | e not circled.   | ributor for return to the shipper                     | as indicat   | ted in t                  | this form  | and all attache | d produc | t detail |  |
| NAME  | OF PERSON RECEIVING   | AND/OR                 |   |                  |   | PI           | HONE                      |            |                 |          |          |  |
| REJECTIONG PRODUCT  |   |                        |   |                  | NUMBER  |              |                           |            |                 |          |          |  |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT                                      |   |                        |   |                  | DATE SIGNED   |              |                           |            |                 |          |          |  |