SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7239 A			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/23/2019 04:29 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC			-		STATE LICENSE #		C10-0000577-LIC			
TYPE OF LICENSE License		,		STATE LICENSE2 #		010 0000077 E10				
BUSINESS NAME Oz Distribution, Ir		nc		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West				BUSINESS NAME		Medallion Wellness				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		. 200		BUSINESS ADDRESS		4213 McHenry Ave				
					CITY, STATE, ZIP CODE		Modesto, CA 95356			
PHONE NUMBER (831) 600-7710				PHONE NUMBER		209-248-7472				
CONTACT NAME Miguel Felix					CONTACT NAME					
			D	ISTRIBUTOR	RINFORMATION					
STATE LICENSE # C11-0000224-L		C11-0000224-LIC	С		DRIVER'S NAME	Angel Rodrigu		ıez		
BUSINESS NAME		Oz Distribution, In	Oz Distribution, Inc.		CA DRVR LIC #		B9147506			
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE Ford		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	F				
					ARRIVAL					
					IPPED DETAILS	OW				
			RECEIVER COMPL	ETES UNLT	THE SHADED COLUMNS BEL	.Ovv				
									UNIT	TOTAL
							QTY UNIT			RETAIL
UID	ITEM NAME							TOTAL COST		VALUE
Kanebes Indica Flower Wedding Cake 3.5g				128 128	_	\$1,536.00				
FL00221] Kanebes Indica Flower Chocolate Hashberry 3.5g			.5g	9				\$1,536.00		
[FL00534] Kanebes Sativa Flower Lemon Meringue 3.5g					128	\$12.00	\$1,536.00			
				PRODUCT	REJECTION					
	IF PRODUC	TS ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPP	ED DETAILS S	SECTION ABO	VE	
REASO	ON FOR RECECTION									
			PROD	DUCT RECEI	PT CONFIRMATION					
I confirm	m that the contents of the	s shipment match in wei	ght and count as indic	cated above.						
	ducts circled abbove ar	ms as inicated received e rejected for delivery an			ibutor for return to the shipper a	as indicate	ed in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR					PHONE					
REJECTIONG PRODUCT				NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED			