SALES INVOICE / SHIPPING MANIFEST

					ACTUAL DATE AND TIME OF DEPARTURE 10/22/2019 04:56 PM								
ATTACHE	ED PAGES	No	ESTIMATED DATE AND TIME OF ARRIVAL										
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000281-LIC						
TYPE OF LICENSE License				STATE LICENSE2 #									
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Ketama						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix					BUSINESS ADDRESS	14 Valencia St							
					CITY, STATE, ZIP CODE	SAN FRANCISCO, CA 14 Valencia St							
					PHONE NUMBER		+1 415-861-2451						
					CONTACT NAME								
				DISTRIBUTO	OR INFORMATION								
STATE I II	CENSE #	C11-0000224-LI0	`		DRIVER'S NAME		Rode	al lardele	72				
STATE LICENSE # 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						
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF								
		, mg dei i emix			ARRIVAL								
			RECEIVER COM		HIPPED DETAILS Y THE SHADED COLUMNS BELO		′ QTY	UNIT		UNIT RETAIL	TOTAL RETAIL		
UID	D ITEM NAME					ORE	REC'	DOST	TOTAL COST	VALUE	VALUE		
FL00319] Royal Tree Indoor Flower Hybrid Banjo 3.5g						3	2	\$23.00	\$736.00				
[FL00325] Royal Tree Indoor Flower Indica GG1 3.5g					3	2	\$23.00	\$736.00					
FL00321] Royal Tree Indoor Flower Hybrid Forbidden Fruit 3.5g						3	2	\$21.50	\$688.00				
				PRODUC	T REJECTION								
	IF P	RODUCTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS BEIN	IG REJECTED IN THE PRODUC	T SHIP	PED D	ETAILS S	SECTION ABO	VE			
REASO	N FOR RECEC	CTION											
			PF	RODUCT REC	EIPT CONFIRMATION								
I confirm	n that the conte	nts of this shipment match in we											
	ducts circled ab	of all items as inicated received obove are rejected for delivery a			l. stributor for return to the shipper as	s indica	ated in t	this form a	and all attache	d product	t detail		
NAME OF PERSON RECEIVING AND/OR						PHONE							
REJECTIONG PRODUCT							IUMBE						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED					