## SALES INVOICE / SHIPPING MANIFEST

		DALLO II	TVOICE / B	HIPPING MANI	I LD	1					
	E/MANIFEST # SO650	5	ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 08/28/2019 08:36 AM							
ATTAC	HED PAGES No		ESTIMATE	D DATE AND TIME OF ARRIVA	L						
	SHIP	PER INFORMATION		REC	EIVE	R INFO	RMATION	٧			
		C11-0000224-LIC	_								
	F LICENSE	License		STATE LICENSE2 #							
	SS NAME	Oz Distribution, Inc.		TYPE OF LICENSE		Retailer Licer	ise				
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME							
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126			BUSINESS ADDRESS		0						
				CITY, STATE, ZIP CODE		0, CA 0					
PHONE NUMBER		(831) 600-7710		PHONE NUMBER		0					
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUTOR	RINFORMATION							
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Francisco Maldorado					
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		F2095173					
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					
ONTA	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
						TINU YTQ		UNIT RETAIL	TOTAL RETAII		
D	ITEM NAME				-	REC'IDOST	TOTAL COST		VALUE		
	S -Summit Boys Cavia				1	\$0.01					
	S -Summit Boys Cruml				1	\$0.01					
	S -Summit Boys Cruml	e Reserve Live Resin Sauce 1g			1	\$0.01					
	S -Summit Boys Cruml				1	\$0.01 \$0.01					
	•	r Crumble Gorilla Sherbert 1g			1	\$0.01					
	-	ae Driver Live Resin Caviar 1g			1	\$0.01					
	S - Kanebes Indica Flo	-			1	\$0.01					
		Flower Indica GMO Cookies 3.5g			1	\$0.01					
			PRODUCT	REJECTION							
	IF PRODUC	TS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING	REJECTED IN THE PRODUCT	T SHIPPE	ED DETAILS	SECTION ABO	VE			
REAS	ON FOR RECECTION										
			PRODUCT RECEI	PT CONFIRMATION							
l agre	e to take custody of all iter roducts circled abbove are	s shipment match in weight and count as inicated received above - and rejected for delivery and remain in	which are not circled.	ributor for return to the shipper as	s indicate	d in this form	and all attache	d product	t detail		
NAME	OF PERSON RECEIVIN	G AND/OR			PHO	ONE					
REJECTIONG PRODUCT SIGNATURE OF PERSON RECEIVING AND/OR						MBER TE SIGNED					

REJECTING PRODUCT