## SALES INVOICE / SHIPPING MANIFEST

INIVOICI	E/MANIFEST # SO6291		٨٥٦١٨١	DATE AND TIME OF DEPARTURE	- 09/13	/2010 03:03 🗖	M		
INVOICE/MANIFEST # SO6291 ATTACHED PAGES No				TED DATE AND TIME OF ARRIVAL		/2019 03.03 F	IVI		
					- 1				
	SHIPP	PER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #		C9-18-0000023-TEMP				
TYPE OF LICENSE License			STATE LICENSE2 #		C9-0000159-LIC				
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		3B Delivery				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		300 PENDLETON WAY, SUITE 330 CA				
950602126			CITY, STATE, ZIP CODE		OAKLAND, CA 94621-2102				
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(650) 228-35	40			
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUT	OR INFORMATION					
STATE LICENSE # C11-0000224-LIC			DRIVER'S NAME	Angel Rodriguez					
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9147506			
BUSINESS ADDRESS		195 Harvey West Blvd		VEHICLE MAKE		Ford			
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126		VEHICLE MODEL		Transit			
PHONE NUMBER (83		(831) 600-7710		VEHICLE LIC. PLATE #		54269L2			
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL					
				, , , , , , ,					
			PRODUCT	SHIPPED DETAILS					
		RECEIVE	R COMPLETES ON	LY THE SHADED COLUMNS BELO	W				
								UNIT	TOTAL
						QTY UNIT			RETAIL
UID	ITEM NAME					REC'IDOST	TOTAL COST		VALUE
Royal Tree Hybrid Flower Venom OG 3.5g  Royal Tree Indoor Flower Indica Medcare Kush 3.5g				16					
	Royal Tree Indoor Flower	er Indica Medcare Kush 3.5g			16	\$23.00	\$368.00		
			PRODU	CT REJECTION					
	IF PRODUCT:	S ARE REJECTED PLEASE CIRC		NG REJECTED IN THE PRODUCT	SHIPP	PED DETAILS	SECTION ABO	VE	
REAS	ON FOR RECECTION								
				CEIPT CONFIRMATION					
		shipment match in weight and cou							
_	oducts circled abbove are	is as inicated received above - and rejected for delivery and remain in		d. istributor for return to the shipper as	indicate	ed in this form	and all attache	d produc	t detail
	OF PERSON RECEIVING	G AND/OR				HONE JMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED			