## SALES INVOICE / SHIPPING MANIFEST

		SAI	LES INVO	ICE / S		ILES	1						
INVOICE/MANIFEST # SO7504			ACTUAL DATE AND TIME OF DEPARTURE 11/01/2019 03:44 PM										
ATTACHED PAGES No E					ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #	C12-0000131-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		California Cannabis Melrose						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		654 N. Manhattan PI							
					CITY, STATE, ZIP CODE		Los Angeles, CA 90004						
		(831) 600-7710			PHONE NUMBER		0						
CONTACT NAME Miguel Felix			CONTACT		CONTACT NAME								
			D	DISTRIBUTOR	RINFORMATION								
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME			Angel Rodriguez						
		Oz Distribution, Inc			CA DRVR LIC #			B9147506					
		195 Harvey West I			/EHICLE MAKE Ford								
-		Santa Cruz, CA 95		VEHICLE MODEL			Transit						
		(831) 600-7710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VEHICLE LIC. PLATE #								
CONTACT		Miguel Felix			ACTUAL DATE AND TIME OF								
					ARRIVAL								
			P	RODUCT SH	IIPPED DETAILS								
					THE SHADED COLUMNS BEL	OW							
											TOTAL		
						OTV	OTV	UNIT		UNIT	TOTAL RETAIL		
UID	JID ITEM NAME								TOTAL COST				
FL00312] Royal Tree Hybrid Indoor Flower Papaya 3.5g					32		\$21.00	\$672.00		VALUE			
FL00319] Royal Tree Indoor Flower Hybrid Banjo 3.5g								\$21.00					
[1 200010]	Royal Tree Shelf Support							-\$21.00	-\$42.00				
	IF PRODUCTS	S ARE REJECTED PLI	EASE CIRCLE THE I		REJECTION REJECTED IN THE PRODUC	T SHIPF	PED D	ETAILS S	SECTION ABO	VE			
REASO	N FOR RECECTION												
			PROI	DUCT RECE	IPT CONFIRMATION								
I confirm	that the contents of this	shipment match in wei	ght and count as indi	cated above.									
_					ributor for return to the shipper a	s indicat	ted in	this form	and all attache	d produc	t detail		
NAME (	OF PERSON RECEIVING	AND/OR				рI	HONE	:					
	FIONG PRODUCT	/ II VD/OIX			NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT								SIGNED					