SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO73	87	ACTUAL DATE AND TIME OF DEPARTURE	10/23/2010 03:41 PM	./		
ATTACHED PAGES No	01		ESTIMATED DATE AND TIME OF ARRIVAL			
THINOILE THOSE HO		ESTIMATED BYTE 7 THE ST YILLIAM	•			
SHIF	PER INFORMATION	RECE	RECEIVER INFORMATION			
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000285	-LIC		
TYPE OF LICENSE	License	STATE LICENSE2 #				
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Licen	Retailer License		
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Sonoma Patie	Sonoma Patient Group		
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	2425 Cleveland Ave #175			
, , , , , , , , , , , , , , , , , , , ,	950602126	CITY, STATE, ZIP CODE	Santa Rosa, C	Santa Rosa, CA 95403		
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	707-526-2800	707-526-2800		
CONTACT NAME	Miguel Felix	CONTACT NAME				
		DISTRIBUTOR INFORMATION				
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Prodlov Mortin	Prodley Martinez		
STATE LICENSE # BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		Bradley Martinez B9489158		
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 MODEL VEHICLE LIC. PLATE #		54269L2		
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF	J4209L2			
CONTACT NAIVIE	iviiguei Felix	ARRIVAL				
	RECEIVER	PRODUCT SHIPPED DETAILS COMPLETES ONLY THE SHADED COLUMNS BELO	W			
JID ITEM NAME FL00321] Royal Tree Indoor Flo	ower Hybrid Forbidden Fruit 3.5g		QTY QTY UNIT ORD REC'IDOST 32 \$21.50	TOTAL COST \$688.00	VALUE	TOTAL RETAIL VALUE
IE DDODLIA	270 ADE DE JEOTED DI EAGE OIDO	PRODUCT REJECTION	OUIDDED DETAIL O	DECTION ADO	\ /E	
IF PRODUC	JTS ARE REJECTED PLEASE CIRC	E THE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETAILS S	SECTION ABO	VE	
REASON FOR RECECTION						
		PRODUCT RECEIPT CONFIRMATION				
I agree to take custody of all it	nis shipment match in weight and cour ems as inicated received above - and re rejected for delivery and remain in t		indicated in this form	and all attache	d product	detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT			DATE SIGNED			