SALES INVOICE / SHIPPING MANIFEST

| INIVOIC | E/MANIFEST # SO705 | : 4 | | ACTUAL DATE | AND TIME OF DEDARTI | IDE 10/02 | /2010 04:19 | DM | | |
|--|---------------------------|---|--|--|-------------------------------------|-------------------|-----------------------|-------------------|-----------|----------|
| INVOICE/MANIFEST # SO7054 ATTACHED PAGES No | | | | ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:18 PM ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | |
| | | | | | | | | | | |
| SHIPPER INFORMATION | | | | | RECEIVER INFORMATION | | | | | |
| STATE LICENSE # C11-0000 | | C11-0000224-LIC | LIC | | TATE LICENSE # | | C11-000022 | 23-LIC | | |
| TYPE OF LICENSE License | | | S ⁻ | TATE LICENSE2 # | | | | | | |
| BUSINESS NAME Oz Distribution, Inc. | | | | Т | TYPE OF LICENSE Retailer License | | | | | |
| BUSINESS ADDRESS 195 Harvey West Blvd | | | vd | В | JSINESS NAME | | Empire Hea | Ith Wellness Oal | kdale | |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 | | | BUSINESS ADDRESS | | | 633 Armstrong Way | | | | |
| | | CITY, STATE, ZIP CODE | | ITY, STATE, ZIP CODE | Oakdale, CA 95361 | | | | | |
| PHONE NUMBER (831) 600-7710 | | | PHONE NUMBER | | | +1 209-322-2686 | | | | |
| CONTACT NAME Miguel Felix | | | | C | ONTACT NAME | | | | | |
| | | | | DISTRIBUTOR IN | FORMATION | | | | | |
|)TATE | LIOENIOE " | 044 0000004 110 | | | DIVEDIO NAME | | A I D I | | | |
| STATE LICENSE # | | C11-0000224-LIC | | | RIVER'S NAME | | Angel Rodriguez | | | |
| BUSINESS NAME | | | Oz Distribution, Inc. | | CA DRVR LIC # VEHICLE MAKE | | B9147506 | | | |
| BUSINESS ADDRESS | | | 195 Harvey West Blvd | | VEHICLE MODEL | | Ford | | | |
| CITY, STATE, ZIP CODE PHONE NUMBER | | | Santa Cruz, CA 950602126 (831) 600-7710 | | VEHICLE MODEL VEHICLE LIC. PLATE # | | Transit 54269L2 | | | |
| CONTACT NAME | | Miguel Felix | | | CTUAL DATE AND TIME (|)E | J4209L2 | | | |
| 7011171 | OT TWINE | Wilguel I Clix | | | RRIVAL | J 1 | | | | |
| | | F | | PRODUCT SHIPF PLETES ONLY TH | PED DETAILS E SHADED COLUMNS BE | LOW | | | | |
| | | | | | | OTV | OTV LINIT | | UNIT | TOTAL |
| JID | ITEM NAME | | | | | | QTY UNIT REC'IDOST | TOTAL COST | | RETAIL |
| טוט | | wer Indica Grane Pie Cook | ries 3 5a | | | 32 | | | | VALUE |
| | - | Royal Tree Indoor Flower Indica Grape Pie Cookies 3.5g Royal Tree Indoor Flower Hybrid Sundae Driver 3.5g | | | | | \$23.0 | | | |
| Summit Boys Crumble Mango Brulee 1 | | • | | | | 10 | | | | |
| Summit Boys Caviar Crumble Sherbert 1g | | | | | 10 | | | | | |
| Summit Boys Caviar Crumble Gorilla OG 1g | | | | | | 10 | \$16.0 | 90 \$160.00 |) | |
| Summit Boys Caviar Crumble Double Scotts OG 1g | | 1g | | | | \$16.0 | 90 \$160.00 |) | | |
| | Summit Boys Caviar S | Sugar Cali Girl 1g | | | | 10 | \$23.0 | \$230.00 | | |
| | | | | PRODUCT RE | JECTION | | | | | |
| | IF PRODUC | TS ARE REJECTED PLEA | ASE CIRCLE THE | E ITEMS BEING R | EJECTED IN THE PRODU | ICT SHIPP | ED DETAILS | SECTION ABO | OVE | |
| DEAG | ON FOR RECECTION | | | | | | | | | |
| KEAS | ON FOR RECECTION | | | | | | | | | |
| | | | | ODUCT RECEIPT | CONFIRMATION | | | | | |
| | | is shipment match in weigh | | | | | | | | |
| _ | roducts circled abbove ar | ms as inicated received ab e rejected for delivery and | | | tor for return to the shipper | as indicate | ed in this for | m and all attache | ed produc | t detail |
| NAME | OF DEDSON DECEIVIN | IG AND/OR | | | | DL | HONE | | | |
| NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT | | | | | | | JMBER | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR | | | | | | | ATE SIGNED | | | |

REJECTING PRODUCT