SALES INVOICE / SHIPPING MANIFEST

		571	EED II VO	ICL / D			, 1					
INVOICE/MANIFEST # SO7830 AG				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/19/2019 02:50 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LIC	ENSE #	C11-0000224-LI0	2		STATE LICENSE #		C10	-0000428-	LIC			
TYPE OF L	E OF LICENSE License			STATE LICENSE2#								
BUSINESS	BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Reta	ailer Licens	se			
BUSINESS	BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME Wheelhouse Cannabis Dispensary							
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS	521 West Channel Islands Boulevard							
950602126				CITY, STATE, ZIP CODE		Port Hueneme, CA 93041						
PHONE NUMBER (831) 600-7710			PHON		PHONE NUMBER		805.382.0420					
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	ISTRIBUTOR	R INFORMATION							
STATE LIC	ENCE #	C11-0000224-LI0			DRIVER'S NAME		Pos	io Vamat				
BUSINESS			Oz Distribution, Inc.		CA DRVR LIC #		Rosie Yamat 408AR3825					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Toyota					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126						dighlander 4Wh				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE # IHB652				77711			
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF			302				
001117101	TV/ UVIC	iviiguei i eiix			ARRIVAL							
					HIPPED DETAILS THE SHADED COLUMNS BEL	OW						
UID I	TEM NAME							UNIT DOST	TOTAL COST		TOTAL RETAIL VALUE	
CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g				24			\$16.00	\$384.00				
CT00214] Summit Boys Caviar Crumble Pac Glue 1g						24	4	\$16.00	\$384.00			
S	Summit Boys Shelf S			2	2	-\$16.00	-\$32.00					
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIP	PED D	DETAILS S	SECTION ABO	VE		
REASON	FOR RECECTION											
			DDOI:	OLICT BECE	IPT CONFIRMATION							
I confirm t	that the contents of th	his shipment match in we			IFT CONFINIVATION							
I agree to	take custody of all it	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	s indica	ted in	this form a	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR						PI	HONE	<u> </u>				
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED							