SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO6749				ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:14 PM							
ATTAC	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PER INFORMAT	ION		REC	CEIVE	ER INFO	RMATION	٧		
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #		C10-0000236	-LIC				
TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME			California s Finest Coast to Coast INC					
CITY, S	STATE, ZIP CODE	Santa Cruz, CA	A		BUSINESS ADDRESS 7127 Canoga Ave						
950602126					CITY, STATE, ZIP CODE		Canoga Park, CA 91303				
PHONE NUMBER (831) 600-7710				PHONE NUMBER 0			0				
CONTACT NAME Miguel Felix					CONTACT NAME						
			D	DISTRIBUTO	R INFORMATION						
STATE	LICENSE #	C11-0000224-LIC			DRIVER'S NAME		Angel Rodrigu	ıez			
		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		(831) 600-7710			VEHICLE LIC. PLATE #	54269L2					
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
		RE			HIPPED DETAILS / THE SHADED COLUMNS BEL	LOW					
						O.T.) (OTY LINUT		UNIT	TOTAL	
LUD	ITENANIANE						QTY UNIT	TOTAL 000T		RETAIL	
UID	ITEM NAME Summit Boys Caviar Sugar Cali Girl 1g							TOTAL COST		VALUE	
	Summit Boys Caviar 4	-				40					
						13					
Summit Boys Scotts OG Caviar Crumble 1g Summit Boys Caviar Crumble OG Kush 1g						20					
Summit Boys Skywalker Sauce 1g			20				\$250.00				
Summit Boys Sory Dub Sauce 1g						\$17.00					
				PRODUC	T REJECTION						
	IF PRODU	CTS ARE REJECTED PLEAS	E CIRCLE THE I	ITEMS BEIN	G REJECTED IN THE PRODUC	T SHIPF	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION										
	San de la	on appearance of the second			IPT CONFIRMATION						
		nis shipment match in weight a									
	roducts circled abbove a	ems as inicated received abov re rejected for delivery and rer			tributor for return to the shipper a	as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR							HONE				
REJECTIONG PRODUCT					NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR						D/	ATE SIGNED				

REJECTING PRODUCT