SALES INVOICE / SHIPPING MANIFEST

		571	LLD II (O	ICD / D			, 1					
INVOICE/MANIFEST # SO7632 AC			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/12/2019 03:34 PM								
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
										_		
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		3		STATE LICENSE #		C10-0000094-LIC						
TYPE OF	E OF LICENSE License			STATE LICENSE2#		C10-	-0000094-	LIC				
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd		Blvd		BUSINESS NAME		Desert Organic Solutions						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS	19486 Newhall St						
				CITY, STATE, ZIP CODE		Palm Springs, CA 92240						
PHONE NUMBER (831) 600-7710			PHO		PHONE NUMBER		760-288-4000					
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	DISTRIBUTO	R INFORMATION							
STATE LICENSE # C11-0000224-L		C11-0000224-LIC)		DRIVER'S NAME	Rodel Jardele			za			
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B82636677					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL Transit			sit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE # 54			54269L2				
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL	F						
					HIPPED DETAILS THE SHADED COLUMNS BEL	_OW						
UID	ITEM NAME						QTY		TOTAL COST		TOTAL RETAIL VALUE	
FL00588] Royal Tree Indoor Flower Super Glue Sativa 3.5g		3.5g					\$21.00	\$672.00				
FL00019] Royal Tree Indoor Flower Fire OG 3.5g								\$21.00	\$672.00			
	Royal Tree Shelf Sup				2	-\$21.00	-\$42.00					
				PRODUCT	REJECTION							
	IF PRODU	CTS ARE REJECTED PI	LEASE CIRCLE THE I	ITEMS BEING	REJECTED IN THE PRODUC	CT SHIPE	PED D	ETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION											
			PROI	DUCT RECE	IPT CONFIRMATION							
I confirm	n that the contents of the	his shipment match in we										
I agree	to take custody of all it oducts circled abbove a	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	as indica	ted in	this form a	and all attached	d product	detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBE	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D.	ATE S	SIGNED				