## SALES INVOICE / SHIPPING MANIFEST

| INIVOICE/   | MANIFEST # SO709                                       | 5   | ACTUAL DA                | TE AND TIME OF DEPARTURE                | 10/1                   | 8/2010                      | 04:15 DN   | 1               |          |                          |  |
|---|--|---|--------------------------|---|------------------------|-----------------------------|------------|-----------------|----------|--------------------------|--|
| INVOICE/MANIFEST # SO7095 ATTACHED PAGES No               |  |   |                          | DATE AND TIME OF BEFARTORE              |                        | 0/2019                      | 04.13 FN   | /1              |          |                          |  |
| , , , , , , , , , , , ,                                   | .5.7.626   |   |                          |   | -                      |                             |            |                 |          |                          |  |
|   | SHIP   | PER INFORMATION   |                          | RECEIVER INFORMATION                    |                        |                             |            |                 |          |                          |  |
| STATE LICENSE # C11                                       |  | C11-0000224-LIC   |                          | STATE LICENSE #                         |                        | C10-0000424-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                           |                        | Natural Remedies Caregivers |            |                 |          |                          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA                      |  |   | BUSINESS ADDRESS         |   | 927 1/2 N. Western Ave |                             |            |                 |          |                          |  |
| 950602126   |  |   | CITY, STATE, ZIP CODE    |   |                        | Los Angeles, CA 90029       |            |                 |          |                          |  |
| PHONE NUMBER (831) 600-7710                               |  |   | PHONE NUMBER             |   | 323.871.9500           |                             |            |                 |          |                          |  |
| CONTACT NAME Miguel Felix                                 |  |   |                          | CONTACT NAME                            |                        |                             |            |                 |          |                          |  |
|   |  |   | DISTRIBUTOR              | INFORMATION                             |                        |                             |            |                 |          |                          |  |
| STATE LICENSE # C11-0000224-LIC                           |  |   | DRIVER'S NAME            |   |                        | Angel Rodriguez             |            |                 |          |                          |  |
| BUSINESS NAME   |  | Oz Distribution, Inc.   |                          | CA DRVR LIC #                           |                        | B9147506                    |            |                 |          |                          |  |
| BUSINESS ADDRESS  |  | 195 Harvey West Blvd  |                          | VEHICLE MAKE                            | F                      |                             |            |                 |          |                          |  |
| CITY, STATE, ZIP CODE                                     |  | Santa Cruz, CA 950602126  |                          | VEHICLE MODEL                           | Transit                |                             |            |                 |          |                          |  |
| PHONE NUMBER  |  | (831) 600-7710  |                          | VEHICLE LIC. PLATE #                    |                        |                             | 9L2        |                 |          |                          |  |
| CONTACT   | T NAME   | Miguel Felix  |                          | ACTUAL DATE AND TIME OF ARRIVAL         |                        |                             |            |                 |          |                          |  |
|   |  | RECEIVE   |                          | PPED DETAILS<br>THE SHADED COLUMNS BELO | W                      |                             |            |                 |          |                          |  |
| UID   | ITEM NAME  |   |                          |   |                        | ' QTY<br>O REC'I            |            | TOTAL COST      |          | TOTAL<br>RETAIL<br>VALUE |  |
| [FL00513] Kanebes Indica Flower Wedding Cake 3.5g SMALLS  |  |   |                          | 12                                      | 8                      | \$8.50                      | \$1,088.00 |                 |          |                          |  |
| FL00546] Kanebes Hybrid Flower Mimosa Smalls 1g           |  |   |                          |   | 3                      | 2                           | \$3.50     | \$112.00        |          |                          |  |
|   |  |   | PRODUCT                  | REJECTION                               |                        |                             |            |                 |          |                          |  |
|   | IF PRODUC  | TS ARE REJECTED PLEASE CIRC   | CLE THE ITEMS BEING      | REJECTED IN THE PRODUCT                 | SHIP                   | PED DI                      | ETAILS S   | SECTION ABO     | VE       |                          |  |
| REASO   | N FOR RECECTION  |   |                          |   |                        |                             |            |                 |          |                          |  |
|   |  |   |                          | T 001/5/01/4 T/01/                      |                        |                             |            |                 |          |                          |  |
| 6   | all and a second of the                                | and the second second the second and the second   |                          | PT CONFIRMATION                         |                        |                             |            |                 |          |                          |  |
| I agree t   | o take custody of all ited<br>ducts circled abbove are | s shipment match in weight and coums as inicated received above - and erjected for delivery and remain in | d which are not circled. | butor for return to the shipper as      | indica                 | ited in t                   | his form a | and all attache | d produc | t detail                 |  |
|   | OF PERSON RECEIVIN                                     | IG AND/OR   |                          |   | P                      | HONE                        |            |                 |          |                          |  |
| REJECTIONG PRODUCT  |  |   |                          |   |                        | UMBE                        | R          |                 |          |                          |  |
| SIGNATURE OF PERSON RECEIVING AND/OR<br>REJECTING PRODUCT |  |   |                          |   | D                      | ATE S                       | IGNED      |                 |          |                          |  |