

SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST #	SO6296	ACTUAL DATE AND TIME OF DEPARTURE	09/03/2019 10:55 AM
ATTACHED PAGES	1 pages	ESTIMATED DATE AND TIME OF ARRIVAL	

SHIPPER INFORMATION		RECEIVER INFORMATION	
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	
TYPE OF LICENSE	License	STATE LICENSE2 #	
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Haven LB
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	BUSINESS ADDRESS	3401 Norwalk Blvd
PHONE NUMBER	(831) 600-7710	CITY, STATE, ZIP CODE	Long Beach, CA 90808
CONTACT NAME	Miguel Felix	PHONE NUMBER	0
		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	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	

PRODUCT SHIPPED DETAILS
RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW

UID	ITEM NAME	QTY ORD	QTY REC	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE
[CO0060]	Allegiance Wellness Tincture 1:1 Ratio Relief Formula 15ml	0		\$26.00	\$0.00		
[CO0065]	Allegiance Wellness Tincture 1:2 Ratio Digestion Formula 15ml	3		\$26.00	\$78.00		
[CO0067]	Allegiance Wellness Tincture 1:8 Ratio Stress Formula 15ml	0		\$26.00	\$0.00		
[CO0066]	Allegiance Wellness Tincture 1:4 Ratio Anxiety Formula 15ml	5		\$26.00	\$130.00		
[CO0064]	Allegiance Wellness Tincture 20:1 Ratio Relax/Focus Formula 15ml	0		\$26.00	\$0.00		
[CO0071]	Allegiance Wellness Tincture 750mg CBD 30ml	0		\$58.50	\$0.00		
[CO0063]	Allegiance Wellness Tincture 8:1 Ratio Neurology Formula 15ml	0		\$26.00	\$0.00		
[CO0069]	Allegiance Wellness Tincture Awake Tincture 15ml	5		\$26.00	\$130.00		
[CO0076]	Allegiance Wellness Tincture Balanced CBD:THC Ratio 1:1 15ml	5		\$65.00	\$325.00		
[CO0070]	Allegiance Wellness Tincture Calm Tincture 15ml	3		\$31.20	\$93.60		
[CO0068]	Allegiance Wellness Tincture Sleep Formula 15ml	5		\$26.00	\$130.00		
[CO0072]	Allegiance Wellness Tincture Rick Simpson Method THC 250mg	5		\$26.00	\$130.00		
[CO0073]	Allegiance Wellness Tincture Rick Simpson Method THC 500mg	4		\$45.50	\$182.00		
[CO0075]	Allegiance Wellness Tincture Rick Simpson Method THC 2000mg	5		\$162.50	\$812.50		
[ED0100]	Heavenly Sweet Edible Singles Butterscotch Blondie 10mg THC	10		\$2.50	\$25.00		
[ED00301]	Heavenly Sweet Edible Singles Dark Chocolate Orange 10mg THC	10		\$2.50	\$25.00		
[ED00302]	Heavenly Sweet Edible Singles Milk Chocolate Mint 10mg THC	10		\$2.50	\$25.00		
[CO00164]	Heavenly Sweet Edible Cannabutter 1000mg THC 4oz	5		\$22.00	\$110.00		
[ED0069]	Heavenly Sweet Edible Squookie Chocolate chip 100mg THC	10		\$7.50	\$75.00		
[ED0071]	Heavenly Sweet Edible Squookie Rainbow 100mg THC	10		\$7.50	\$75.00		
[ED0089]	Heavenly Sweet Edible Squookies Snickerdoodle 100mg THC	10		\$7.50	\$75.00		
[ED0083]	Heavenly Sweet Edible Treats Chocolate 100mg THC	10		\$7.50	\$75.00		

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PRODUCT DETAIL ATTACHMENT PAGE

INVOICE/MANIFEST NUMBER	SO6296	ATTACHED PAGE	1	OF	1	TOTAL PAGES
ATTACHED TO #						
PRODUCT SHIPPED DETAILS						
RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW						

UID	ITEM NAME	QTY ORD	QTY REC'D	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE
[ED0084]	Heavenly Sweet Edible Treats Classic 100mg THC	10		\$7.50	\$75.00		
[ED0068]	Heavenly Sweet Edible Treats Rocky Road 100mg THC	10		\$7.50	\$75.00		

PRODUCT REJECTION
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE

REASON FOR RECECTION	
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PRODUCT RECEIPT CONFIRMATION
I confirm that the contents of this shipment match in weight and count as indicated above.
I agree to take custody of all items as indicated received above - and which are not circled.
The products circled above are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached product detail sheet(s).

NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT		PHONE NUMBER	
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT		DATE SIGNED	