SALES INVOICE / SHIPPING MANIFEST

		SAI	LES INVO	ICE / S		ILES	1						
INVOICE/MANIFEST # SO6482 AC				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 08/27/2019 11:46 AM								
ATTACHED PAGES No E					ESTIMATED DATE AND TIME OF ARRIVAL								
	_	_	_		_				_				
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #	A10-17-0000061-TEMP							
TYPE OF LICENSE License					STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Ir					TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		OC3 Dispensary						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		3122 Halladay Street							
				CITY, STATE, ZIP CODE		Santa Ana, CA 92705							
	PHONE NUMBER (831) 600-7710				PHONE NUMBER		714-754-1348						
CONTACT NAME Miguel Felix			CONTACT NAME		CONTACT NAME								
			D	DISTRIBUTOF	RINFORMATION								
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME			Angol Podriguoz						
		Oz Distribution, Inc	^		CA DRVR LIC #			Angel Rodriguez B9147506					
		195 Harvey West E			VEHICLE MAKE								
		Santa Cruz, CA 95			VEHICLE MODEL		Transit						
		(831) 600-7710			VEHICLE LIC. PLATE #			69L2					
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF								
					ARRIVAL								
			p	RODUCT SE	IIPPED DETAILS								
					THE SHADED COLUMNS BEL	OW							
										UNIT	TOTAL		
								UNIT			RETAIL		
UID					0				TOTAL COST		VALUE		
[CO0069]	CO0069] Allegiance Wellness Tincture Awake Tincture 15ml		5ml					\$26.00	\$156.00				
Dreamers Edible Chocolate Sativa 100mg								\$8.50					
	Dreamers Edible Choco	late Indica 100mg				20	J	\$8.50	\$170.00				
				PRODUCT	REJECTION								
	IF PRODUCT	S ARE REJECTED PLE	EASE CIRCLE THE I	ITEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED	DETAILS S	SECTION ABO	VE			
REASO	N FOR RECECTION												
			PP∩I	DUCT PECE	PT CONFIRMATION								
Lconfirn	n that the contents of this	shipment match in weig			FT CONTINUATION								
I agree	to take custody of all item	s as inicated received a	above - and which are	e not circled.	ibutor for return to the shipper a	s indicat	ted in	this form	and all attache	d produc	t detail		
sheet(s)).												
NAME OF PERSON RECEIVING AND/OR					PHONE								
REJECTIONG PRODUCT					NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED								