## SALES INVOICE / SHIPPING MANIFEST

		5711	ZES II V O	ICE / D			, 1					
INVOICE/MANIFEST # SO7842			ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:01 PM									
ATTACHE	ED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC					STATE LICENSE #		C12-0000080-LIC					
	OF LICENSE License				STATE LICENSE2#		C12-0000080-LIC					
BUSINES	USINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE			Retailer License					
BUSINES	BUSINESS ADDRESS 195 Harvey West Blvd		lvd	BUSINESS NAME			Greenlight Discount Pharmacy					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	DRESS 15507 Cobalt St							
		950602126			CITY, STATE, ZIP CODE		Sylmar, CA 91342					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		818.256.1964						
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	DISTRIBUTO	R INFORMATION							
STATE LICENSE # C11-0000224		C11-0000224-LIC			DRIVER'S NAME	Angel Rodrig			quez			
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B9147506					
BUSINESS ADDRESS		195 Harvey West B	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 # 54269L2			9L2				
CONTACT	T NAME	Miguel Felix	(		ACTUAL DATE AND TIME OF							
					HDDED DETAIL C							
					HIPPED DETAILS THE SHADED COLUMNS BEI	LOW						
UID	ITEM NAME						QTY	<b>D</b> OST	TOTAL COST		TOTAL RETAIL VALUE	
FL00634] Kanebes Indica Flower Hollyweed 3.5g.					32		\$12.00	\$384.00				
FL00538] Kanebes Indica Flower Wedding Cake 3.5g					32		\$12.00	\$384.00				
	Kanebes Shelf Supp		2	2	-\$12.00	-\$24.00						
	IF PRODU	CTS ARE REJECTED PLE	ASE CIRCLE THE I		REJECTION GREJECTED IN THE PRODUC	CT SHIPE	PED D	ETAII S S	SECTION ARO	VE		
		OTO THE REGEOTED FEE	AGE GINGLE THE I	TTENIO BEIIW	S RESERVED IN THE FRODOR	01 011111		LIMILO	LOTIONADO	V.L.		
REASO	N FOR RECECTION											
Lassfinn		his shippered as the insin			IPT CONFIRMATION							
I agree t	to take custody of all it ducts circled abbove a	his shipment match in weig tems as inicated received a are rejected for delivery and	bove - and which are	e not circled.	ributor for return to the shipper	as indica	ted in t	his form a	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED							