SALES INVOICE / SHIPPING MANIFEST

### SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC	INVOICE/M	ANIFEST # SO795	55	ACTUAL [ACTUAL DATE AND TIME OF DEPARTURE 11/25/2019 12:05 PM						
STATE LICENSE # C11-0000224-LIC											
STATE LICENSE # C11-0000224-LIC											
TYPE OF LICENSE		SHIP	PER INFORMATION		RECEIVER INFORMATION						
BUSINESS NAME Or Distribution, Inc. BUSINESS ADDRESS 195 Harvey West Biv BUSINESS NAME Or Distribution, Inc. Or A DRIVER'S NAME BUSINESS NAME Or Distribution, Inc. Or A DRIVER'S NAME BUSINESS ADDRESS 195 Harvey West Biv West BUSINESS ADDRESS 195 Harvey West Business 195 Harvey West	STATE LICI	ENSE #	C11-0000224-LIC		STATE LICENSE #		C10-0000289	-LIC			
BUSINESS ADDRESS 195 Harvey West Bild	TYPE OF LI	ICENSE	License		STATE LICENSE2#						
Santa Cruz, CA Sustaina Cruz, CA Sustain	BUSINESS	NAME	Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License				
950802126	BUSINESS	ADDRESS	195 Harvey West Blvd		BUSINESS NAME		Curbstone Co	llective			
PHONE NUMBER (831) 600-7710 PHONE NUMBER 831.334.4385 CONTACT NAME Miguel Felix CONTACT NAME S13.34.4385 DISTRIBUTOR INFORMATION STATE LICENSE # C11-000224-LIC DRIVER'S NAME Rosie Yamat BUSINESS NAME Oz Distribution, Inc. CA DRIVER'S NAME ROSIE Yamat Toyota CITY, STATE, ZIP CODE Sants Cruz, CA 850602126 VEHICLE MAKE TOYOTA CITY, STATE, ZIP CODE Sants Cruz, CA 850602126 VEHICLE MODEL Highlander 4Wh PHONE NUMBER (831) 600-7710 VEHICLE LIC, PLATE # IHB652 PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW PRODUCT REJECTION IF PRODUCT SARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE REASON FOR RECEITION IF 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 inicated received above - and which are not circled. NAME OF PERSON RECEIVING AND/OR REJECTION PRODUCT REJECTION FOR RECEIVING AND/OR REJECTION SUMMER NUMBER SONDATIONE OF PERSON RECEIVING AND/OR REJECTION SUMMER NUMBER NUMBER NUMBER NUMBER	-				BUSINESS ADDRESS		6535 Highway	y 9			
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