SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6458			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 08/29/2019 04:10 PM						
ATTACHED PAGES No			ESTIMA	ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LIG	CENSE #	C11-0000224-LIC		STATE LICENSE #		C10-0000405	-LIC			
		License	STATE LICENSE2#		C10-0000405-LIC					
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Cookies Melrose					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		8360 W Melrose Ave #101					
95		950602126		CITY, STATE, ZIP CODE		West Hollywood, CA 90069				
PHONE NUMBER CONTACT NAME		(831) 600-7710		PHONE NUMBER		323-433-4743				
CONTACT NAME Miguel Felix			CONTACT NAME							
			DISTRIBUT	OR INFORMATION						
			DIOTRIBOT	orem oremental						
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #	B82636677					
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						
		RECEIVER		SHIPPED DETAILS LY THE SHADED COLUMNS BELOV	W					
JID	ITEM NAME					QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[ED0064] Heavenly Sweet Edible Treats Berry Crunch 100mg THC					44	\$7.50	\$330.00			
	S - Heavenly Sweet Edil	ble Treats Berry Crunch 100mg Th	С		1	\$0.01	\$0.01			
			PRODU	CT REJECTION						
	IF PRODUCT:	S ARE REJECTED PLEASE CIRC	LE THE ITEMS BE	ING REJECTED IN THE PRODUCT	SHIPPE	ED DETAILS	SECTION ABO	VE		
REASOI	N FOR RECECTION									
			PRODUCT REC	CEIPT CONFIRMATION						
I agree t	o take custody of all item ducts circled abbove are	shipment match in weight and count as as inicated received above - and rejected for delivery and remain in	which are not circle		indicate	ed in this form	and all attache	d produc	t detail	
sheet(s)										
NAME C	F PERSON RECEIVING	G AND/OR			PH	ONE				
REJECTIONG PRODUCT				NU	MBER					
						TE SIGNED				