SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANIEEST # SO76	277	ACTUAL DATE AND TIM	ME OF DEBARTURE 11/	15/2010 07:22 1				
INVOICE/MANIFEST # SO7677 ATTACHED PAGES No		ESTIMATED DATE AND	ME OF DEPARTURE 11/	15/2019 07.33 AI	VI			
ATTACHED TACES		EO TIMIX TED BY TE YET	7 TIME OF THAT THE					
SHIF	PPER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE #	E LICENSE # C11-0000224-LIC STATE LICENSE #		ENSE #	C10-0000471	-LIC			
TYPE OF LICENSE	License	STATE LIC						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF L	ICENSE	Retailer License				
BUSINESS ADDRESS	NESS ADDRESS 195 Harvey West Blvd BUSINESS NAME		NAME	ALL ABOUT \	WELLNESS			
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS	ADDRESS	1900 19th St				
950602126		CITY, STAT	CITY, STATE, ZIP CODE		Sacramento, CA 95815			
PHONE NUMBER	(831) 600-7710	PHONE NU	JMBER	916-454-4327				
CONTACT NAME Miguel Felix		CONTACT	CONTACT NAME					
		DISTRIBUTOR INFORMAT	ION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S I	NAME	lan John Sternberger				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR L		B9920672				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE N	ИАКЕ	Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE N	MODEL	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE L	IC. PLATE #	54269L2				
CONTACT NAME Miguel Felix		ACTUAL DA	ATE AND TIME OF					
		PRODUCT SHIPPED DETA	AILS					
	RECEIVE	R COMPLETES ONLY THE SHADE	D COLUMNS BELOW					
						UNIT	TOTAL	
				Y QTY UNIT			RETAIL	
UID ITEM NAME					TOTAL COST		VALUE	
[CT00230] Summit Boys Caviar Crumble Pacific Sunset 1g				12 \$16.50				
[CT00216] Summit Boys Caviar	Gorilla Glue 1g			12 \$16.50	\$198.00			
		PRODUCT REJECTION						
IF PRODU	ICTS ARE REJECTED PLEASE CIR	LE THE ITEMS BEING REJECTED	IN THE PRODUCT SHIP	PPED DETAILS :	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRM	MATION					
I confirm that the contents of t	this shipment match in weight and co							
	tems as inicated received above - and							
The products circled abbove a sheet(s).	are rejected for delivery and remain ir	the custody of the distributor for retu	urn to the shipper as indic	cated in this form	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT				PHONE NUMBER				
SIGNATURE OF PERSON RI REJECTING PRODUCT	ECEIVING AND/OR			DATE SIGNED				