## SALES INVOICE / SHIPPING MANIFEST

| INVOICE/MANIFEST # SO6708                             |   |                         | ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 03:45 PM |                                  |   |          |                          |                        |          |          |  |
|---|---|-------------------------|---|----------------------------------|---|----------|--------------------------|------------------------|----------|----------|--|
| ATTACHED PAGES No                                     |   |                         |   | ESTIMATE                         | ED DATE AND TIME OF ARRIVA                  | L        |                          |                        |          |          |  |
|   |   |                         |   |                                  |   |          |                          |                        |          |          |  |
|   | SHIPI   | PER INFORM              | IATION  |                                  | REC   | EIVI     | ER INFO                  | RMATIO                 | V        |          |  |
| STATE LICENSE # C11-0000224-LIC                       |   |                         | C   |                                  | STATE LICENSE #                             |          | C10-0000081              | -LIC                   |          |          |  |
| TYPE (  | TYPE OF LICENSE License   |                         |   |                                  | STATE LICENSE2#                             |          |                          |                        |          |          |  |
| BUSINESS NAME Oz Distribution, Inc.                   |   |                         |   | TYPE OF LICENSE Retailer License |   |          |                          |                        |          |          |  |
| BUSINESS ADDRESS 195 Harvey West Blvd                 |   |                         | t Blvd  |                                  | BUSINESS NAME                               |          | Delta 9 THC              | LC                     |          |          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA                  |   |                         |   | BUSINESS ADDRESS                 |   |          | 824 E Anaheim St.        |                        |          |          |  |
| 950602126   |   |                         |   |                                  | CITY, STATE, ZIP CODE                       |          | Wilmington, CA 90744     |                        |          |          |  |
| PHONE NUMBER (831) 600-7710                           |   |                         |   |                                  | PHONE NUMBER (310) 408-9621                 |          |                          | 21                     |          |          |  |
| CONTACT NAME Miguel Felix                             |   |                         |   | CONTACT NAME                     |   |          |                          |                        |          |          |  |
|   |   |                         |   |                                  |   |          |                          |                        |          |          |  |
|   |   |                         | D   | ISTRIBUTO                        | R INFORMATION                               |          |                          |                        |          |          |  |
| STATE   | LICENSE #   | C11-0000224-LIC         |   |                                  | DRIVER'S NAME                               |          | Brandon Sumandal         |                        |          |          |  |
| BUSINESS NAME Oz Distributio                          |   | Oz Distribution, Ir     | ution, Inc.   |                                  | CA DRVR LIC #                               |          | D1309712                 |                        |          |          |  |
| BUSINESS ADDRESS 195 Harvey West B                    |   | i Blvd                  |   | VEHICLE MAKE                     |   | Ford     |                          |                        |          |          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA 9506             |   | 50602126                |   | VEHICLE MODEL                    |   | Transit  |                          |                        |          |          |  |
| PHONE NUMBER (831) 600-7710                           |   |                         |   | VEHICLE LIC. PLATE #             | HICLE LIC. PLATE # 54269L2                  |          |                          |                        |          |          |  |
| CONTACT NAME Miguel Felix                             |   |                         |   |                                  | ACTUAL DATE AND TIME OF ARRIVAL             |          |                          |                        |          |          |  |
|   |   |                         |   |                                  | HIPPED DETAILS<br>7 THE SHADED COLUMNS BELO | OW       |                          |                        |          |          |  |
|   |   |                         |   |                                  |   |          |                          |                        | UNIT     | TOTAL    |  |
| LIID  | ITEM NIANE  |                         |   |                                  |   |          | QTY UNIT                 | TOTAL COST             |          | RETAIL   |  |
| UID   | The Oz Indian Wodding   | Coko Crumblo 1a         |   |                                  |   | 1        | D REC'IDOST<br>5 \$12.00 | TOTAL COST<br>\$180.00 |          | VALUE    |  |
| [CO004  | The Oz Indica Wedding Cake Crumble 1g CO00402]The Oz Hybrid Banana Cream Crumble 1g |                         |   |                                  |   |          | 0 \$13.00                |                        |          |          |  |
| [00004  | The Oz Hybrid Gorilla (   |                         |   | 1                                |   |          |                          |                        |          |          |  |
|   | The Oz Indica OG She  |                         |   | 0 \$13.00                        |   |          |                          |                        |          |          |  |
|   |   |                         |   |                                  |   |          |                          |                        |          |          |  |
|   | IF PRODUC   | TS ARE REJECTED PL      | LEASE CIRCLE THE I                                    |                                  | T REJECTION<br>G REJECTED IN THE PRODUCT    | Γ SHIPI  | PED DETAILS              | SECTION ABO            | VE       |          |  |
| DE 4.6  |   |                         |   |                                  |   |          |                          |                        |          |          |  |
| REAS  | SON FOR RECECTION   |                         |   |                                  |   |          |                          |                        |          |          |  |
|   |   |                         |   |                                  | IPT CONFIRMATION                            |          |                          |                        |          |          |  |
| l agre  |   | ms as inicated received | d above - and which are                               | e not circled.                   |   | s indica | ited in this form        | and all attache        | d produc | t detail |  |
| N 1 A B 41  | F OF DEDOOM BEGEN ""  | C AND/OD                |   |                                  |   | _        | LIONE                    |                        |          |          |  |
| NAME OF PERSON RECEIVING AND/OR<br>REJECTIONG PRODUCT |   |                         |   | PHONE<br>NUMBER                  |   |          |                          |                        |          |          |  |
|   | ATURE OF PERSON REC   | CEIVING AND/OR          |   |                                  |   | D        | ATE SIGNED               |                        |          |          |  |