SALES INVOICE / SHIPPING MANIFEST

		571	EED II VOI	CLID			1			
INVOICE/MANIFEST # SO7708				ACTUAL DATE AND TIME OF DEPARTURE 11/16/2019 11:31 AM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION					
STATE LICENSE	Ξ #	C11-0000224-LI0	2		STATE LICENSE #		C12-0000064	-LIC		
	YPE OF LICENSE License				STATE LICENSE2#					
BUSINESS NAM	BUSINESS NAME Oz Distribution, Ir		nc.		TYPE OF LICENSE		Retailer License			
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		West Valley Patients Center			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		23043 Ventura Blvd				
				CITY, STATE, ZIP CODE		Woodland Hills, CA 91364				
PHONE NUMBER (831) 600-7710				PHONE NUMBER		+1 818-224-4146				
CONTACT NAME Miguel Felix				CONTACT NAME						
			DI	ISTRIBUTOR	INFORMATION					
STATE LICENSE # C11-0000224-I		C11-0000224-LI0	C		DRIVER'S NAME		Angel Rodriguez			
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9147506			
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	F				
					IPPED DETAILS THE SHADED COLUMNS BEL	.OW				
						QTY (TINU YTÇ		UNIT RETAIL	TOTAL RETAIL
UID ITEM NAME					ORD F	REC'IDOST	TOTAL COST	VALUE	VALUE	
CT00216] Summit Boys Caviar Gorilla Glue 1g						12	\$16.00	\$192.00		
CT00129] Summit Boys Caviar Crumble Banjo 1g						12	\$16.00	\$192.00)	
CT00234] Summit Boys Caviar Crumble Miss USA 1g						12	\$16.00	\$192.00		
					REJECTION					
	IF PRODUCTS	ARE REJECTED P	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPPE	ED DETAILS S	SECTION ABO	VE	
REASON FOR	RECECTION									
			PROD	OUCT RECEI	PT CONFIRMATION					
I confirm that the	ne contents of this s	shipment match in we	eight and count as indic	ated above.						
	•		I above - and which are nd remain in the custoo		ibutor for return to the shipper a	as indicate	d in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR					PHONE					
REJECTIONG PRODUCT							MBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED			