SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6897			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/18/2019 03:29 PM								
ATTACHED PAGES No			ESTIMAT	ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION				RECEIVER INFORMATION								
STATE LICENSE #		C11-0000224-LIC		STATE LICENSE #			C10-0000258-LIC					
TYPE OF LICENSE Lic		License	STATE LICENSE2#									
BUSINESS NAME Oz Distribution, I		Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Satori Wellness							
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		1551 Nursery Way Suite B							
950602126			CITY, STATE, ZIP CODE		McKinleyville, CA 95519							
PHONE NUMBER (831) 600-7710			PHONE NUMBER		0							
CONTACT NAME Miguel Fe		Miguel Felix		CONTACT NAME								
			DISTRIBUTO	OR INFORMATION								
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Bradley Martinez						
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9489158						
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						
CONTAC	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL								
			PRODUCT S	SHIPPED DETAILS								
		RECEIVE	R COMPLETES ONL	Y THE SHADED COLUMNS BELO	W							
					OTV	OTV I	INUT		UNIT	TOTAL		
JID	ITEM NAME					QTY (REC'I		TOTAL COST		RETAIL		
טוט	Royal Tree Hybrid Indoor Flower Black Triangle OG 3.5g				3		\$22.00	\$704.00		VALUE		
	The Oz Caviar Crumble						\$20.00					
	The O2 Cavial Ciumble	Strawberry Bariana 19			20	J	Ψ20.00	Ψ+00.00				
			PRODUC	CT REJECTION								
	IF PRODUCTS	S ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEIN	NG REJECTED IN THE PRODUCT	SHIPI	PED DE	TAILS	SECTION ABO	VE			
REASO	ON FOR RECECTION											
			PRODUCT REC	EIPT CONFIRMATION								
Loonfir	m that the contents of this	shipment match in weight and cou										
		s as inicated received above - and										
_	oducts circled abbove are r			stributor for return to the shipper as	indica	ted in th	nis form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBEF)					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SI						