SALES INVOICE / SHIPPING MANIFEST

| INIVOICE/MANUEEST # | 205022 | ACTI | IAL DATE AND TIME OF DEDARTIBE | 05/45/2040 | 04.0E DI | | | | | |
|--|-----------------------------------|-------------------------------|--|--------------------|----------------|-----------------|------------|----------|--|--|
| INVOICE/MANIFEST # SO5023 ATTACHED PAGES No | | | ACTUAL DATE AND TIME OF DEPARTURE 05/15/2019 01:25 PM ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | | |
| | | | | | | | | | | |
| SHIPPER INFORMATION | | | RECEIVER INFORMATION | | | | | | | |
| STATE LICENSE # A11-18-0000248 | | -TEMP STATE LICENSE # | | M10-1 | 18-0000 | 326-TEMP | | | | |
| TYPE OF LICENSE | Adult-Use Distribu | tion Temporary Licence | STATE LICENSE2 # | | | | | | | |
| BUSINESS NAME | Oz Distribution, In | C. | TYPE OF LICENSE | Retailer License | | | | | | |
| BUSINESS ADDRESS 195 Harvey West | | Blvd | BUSINESS NAME | Eleva | tion 247 | 7 | | | | |
| CITY, STATE, ZIP CODE Santa Cruz, C | | | BUSINESS ADDRESS | 569 S | earls Av | /e | | | | |
| 950602126 | | | CITY, STATE, ZIP CODE | Neva | da City, | CA 95959 | | | | |
| PHONE NUMBER (831) 600-7710 | | | PHONE NUMBER | (530) | (530) 264-7684 | | | | | |
| CONTACT NAME | Miguel Felix | | CONTACT NAME | | | | | | | |
| | | DISTRIE | BUTOR INFORMATION | | | | | | | |
| STATE LICENSE # | A11-18-0000248- | TEMP | DRIVER'S NAME | VFR'S NAME Bradley | | | y Martinez | | | |
| BUSINESS NAME | Oz Distribution, In | | CA DRVR LIC # | B9489158 | | | | | | |
| BUSINESS ADDRESS | 195 Harvey West | | VEHICLE MAKE | Ford | | | | | | |
| CITY, STATE, ZIP CODE | | | VEHICLE MODEL | Transit | | | | | | |
| PHONE NUMBER | (831) 600-7710 | | VEHICLE LIC. PLATE # | 54269L2 | | | | | | |
| CONTACT NAME Miguel Fe | | | ACTUAL DATE AND TIME OF | | | | | | | |
| | | | ARRIVAL | | | | | | | |
| | | PRODU | CT SHIPPED DETAILS | | | | | | | |
| | | RECEIVER COMPLETES | ONLY THE SHADED COLUMNS BELOV | V | | | | | | |
| | | | | | | | | | | |
| | | | | | | | UNIT | TOTAL | | |
| | | | | QTY QTY U | JNIT | | RETAIL | RETAIL | | |
| UID ITEM NAME | | | | ORD REC'I | DOST | TOTAL COST | VALUE | VALUE | | |
| Royal Tree Indoor Flower Sativa Jungle Juice 3.5g | | | | 128 | \$21.50 | \$2,752.00 | | | | |
| | | PRO | DUCT REJECTION | | | | | | | |
| IF PI | RODUCTS ARE REJECTED PL | | BEING REJECTED IN THE PRODUCT S | SHIPPED DE | TAILS | SECTION ABO | VF | | | |
| | 110000107111211202012012 | ENGE GINGLE THE TEMO | DELING RESERVED IN THE FRODUCT OF | 51 III 1 ED DE | | 520110117150 | - | | | |
| REASON FOR RECEC | TION | | | | | | | | | |
| | | | | | | | | | | |
| | | PRODUCT F | RECEIPT CONFIRMATION | | | | | | | |
| I confirm that the conter | nts of this shipment match in wei | ght and count as indicated a | bove. | | | | | | | |
| | of all items as inicated received | - | | | | | | | | |
| The products circled ab sheet(s). | bove are rejected for delivery an | d remain in the custody of th | ne distributor for return to the shipper as in | ndicated in th | nis form | and all attache | d produc | t detail | | |
| | | | | | | | | | | |
| NAME OF PERSON RECEIVING AND/OR | | | | PHONE | | | | | | |
| REJECTIONG PRODUCT | | | | NUMBER | | | | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT | | | | DATE SI | GNED | | | | | |
| | | | | DATE SI | GINED | | | | | |