SALES INVOICE / SHIPPING MANIFEST

	E/MANIFEST # SO678	80	ΔΟΤΙΙΔΙ	DATE AND TIME OF DEPARTURE	= 09/10	/2010 04·24 P	M		
ATTACHED PAGES No				ED DATE AND TIME OF ARRIVAL		72013 04.241	ivi		
	SHIP	PER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #		C12-0000221-LIC				
TYPE O	F LICENSE	License		STATE LICENSE2 #					
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Licer	ise			
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Joy of Life Wellness Center				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		142 W Oasis	Rd			
950602126			CITY, STATE, ZIP CODE		Palm Springs, CA 92262				
PHONE NUMBER (831) 600-7710			PHONE NUMBER		+1 760-318-1420				
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUTO	OR INFORMATION					
074751	IOENIOE "	044 0000004 1 10		DDIVEDIO MAME					
		C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9147506			
		195 Harvey West Blvd		VEHICLE MAKE		Ford			
		Santa Cruz, CA 950602126		VEHICLE MODEL VEHICLE LIC. PLATE #		Transit			
,		Miguel Felix		ACTUAL DATE AND TIME OF		54269L2			
JONTAC	JI NAIVIE	wilguei Felix		ARRIVAL					
		DEOEWE		SHIPPED DETAILS	NA.				
		RECEIVE	R COMPLETES ONL	Y THE SHADED COLUMNS BELC	JVV				
						QTY UNIT	TOTAL 000T		TOTAL RETAIL
JID	ITEM NAME					REC'IDOST	TOTAL COST		VALUE
The Oz Indias Shatter Super Silver Haze 1g					10				
	The Oz Indica Shatter	Gelato 1g			10	\$13.00	\$130.00		
			PRODUC	CT REJECTION					
	IF PRODUC	CTS ARE REJECTED PLEASE CIRC			SHIPP	ED DETAILS	SECTION ABO	VE	
REAS	ON FOR RECECTION								
				EIPT CONFIRMATION					
		is shipment match in weight and cou							
_	oducts circled abbove ar	ems as inicated received above - and remain in			indicate	ed in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE JMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED			