SALES INVOICE / SHIPPING MANIFEST

		571	LLS II VO	ICD / D			1			
INVOICE/MANIFEST # SO6213			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 08/13/2019 03:11 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION					
STATE I	LICENSE #	C11-0000224-LIC	,		STATE LICENSE #		A10-18-0000	112-TEMP		
TYPE O	YPE OF LICENSE License				STATE LICENSE2#					
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West Blv		Blvd		BUSINESS NAME		We Are Hemp				
		Santa Cruz, CA	CA		BUSINESS ADDRESS		913 EAST LEWELLING BLVD			
		950602126			CITY, STATE, ZIP CODE		Hayward, CA 95451			
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(510) 276-2628				
CONTA	CT NAME	Miguel Felix			CONTACT NAME					
			D	ISTRIBUTOR	R INFORMATION					
STATE	LICENSE #	C11-0000224-LIC	<u> </u>		DRIVER'S NAME		Angel Rodrig	IE7		
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			
CONTA	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF	F				
			P	RODUCT SH	HIPPED DETAILS					
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	LOW				
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE
	Kanebes Hybrid Flower Whitezilla 3.5g						\$12.00	\$1,200.00		
Kanebes Sativa Flower Lemon Skittlez 3.5		er Lemon Skittlez 3.5g				100	\$12.00	\$1,200.00		
S - Heavenly Sweet Edible Treats Rocky Road 100mg THC						10	\$0.00	\$0.00		
				PRODUCT	REJECTION					
	IF PRODU	CTS ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	CT SHIPP	PED DETAILS	SECTION ABO	VE	
REAS	ON FOR RECECTION									
			PROI	DUCT RECE	IPT CONFIRMATION					
I confi	rm that the contents of the	nis shipment match in we	ight and count as indic	cated above.						
	roducts circled abbove a	ems as inicated received re rejected for delivery ar			ributor for return to the shipper a	as indicat	ed in this form	and all attache	d product	t detail
NAME OF PERSON RECEIVING AND/OR						PH	HONE			
REJECTIONG PRODUCT						NU	JMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	ATE SIGNED			