SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO6	441	ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 08/27/2019 11:41 AM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
	SHI	PPER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE #		C11-0000224-LIC	1-0000224-LIC STATE LICENSE #			C10-0000104	-LIC				
TYPE OF	LICENSE	License		STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Licer	ise					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Herbal Pain F	Relief Center HF	PRC				
CITY, STATE, ZIP CODE Santa Cruz, CA		·		BUSINESS ADDRESS		10736 Sepulv	reda Blvd				
950602126		950602126		CITY, STATE, ZIP CODE		Mission Hills, CA 91345					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		818-639-6027 Suro or Amani						
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUTO	DR INFORMATION							
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC		DRIVER'S NAME	NAME Angel R			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					
CONTAC	T NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL	=						
		RECEIVE		HIPPED DETAILS Y THE SHADED COLUMNS BEL	OW						
								UNIT	TOTAL		
					QTY	QTY UNIT		RETAIL	RETAIL		
JID ITEM NAME				ORD	REC'IDOST	TOTAL COST	VALUE	VALUE			
The Oz - True OG - Indica Crumble - 1g				20	\$13.00	\$260.00					
	The Oz Hybrid Gorill	la Cake Crumble 1g			20	\$13.00	\$260.00				
			PRODUC	T REJECTION							
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE											
REASO	N FOR RECECTION										
			PRODUCT REC	EIPT CONFIRMATION							
		this shipment match in weight and cou									
_	-	items as inicated received above - and									
·		are rejected for delivery and remain in	the custody of the dis	stributor for return to the shipper a	is indicat	ed in this form	and all attache	d produc	t detail		
sheet(s)).										
NAME OF PERSON RECEIVING AND/OR					PH	HONE					
REJECTIONG PRODUCT					NU	JMBER					
SIGNATURE OF PERSON RECEIVING AND/OR					DA	ATE SIGNED					
KEJEC	TING PRODUCT										