## SALES INVOICE / SHIPPING MANIFEST

INIVOIC	SE/MANUEEST # SOCOO	7		ACTUAL D	AL DATE AND TIME OF DEPARTLIRE 09/10/2019 02:46 PM						
INVOICE/MANIFEST # SO6237 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 03:46 PM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTAC	NIED I AGEG			LOTIMATE	DATE AND TIME OF ARRIVA	\L					
	SHIP	PER INFORM	IATION		REC	EIVI	ER INFOI	RMATION	٧		
STATE LICENSE # C11-000022		C11-0000224-LI0	0224-LIC		STATE LICENSE #		C10-0000207-LIC				
TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer Licen	se				
BUSINESS ADDRESS 195 Harvey West Blv		t Blvd		BUSINESS NAME		OC3 Dispensary					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		3122 Halladay Street					
		950602126			CITY, STATE, ZIP CODE		Santa Ana, CA 92705				
PHONE NUMBER (831) 600-7710				PHONE NUMBER			714-754-1348				
CONTACT NAME		Miguel Felix			CONTACT NAME						
			D	DISTRIBUTO	R INFORMATION						
STATE LICENSE #		C11-0000224-LI0	C11-0000224-LIC		DRIVER'S NAME		Brandon Sumandal				
BUSINESS NAME		Oz Distribution, I	Oz Distribution, Inc.		CA DRVR LIC #		D1309712				
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710	(831) 600-7710		VEHICLE LIC. PLATE #	54269L2					
CONTACT NAME Miguel Felix				ACTUAL DATE AND TIME OF ARRIVAL							
					HIPPED DETAILS THE SHADED COLUMNS BEL	OW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	Royal Tree Indoor Flower Chemdawg Sativa 3.5g		3.5g				0 \$23.00	\$0.00			
S -Royal Tree Indoor Flower Chemdawg Sativa 3.5g			va 3.5g				0 \$0.01	\$0.00			
Royal Tree Indoor Flower Sativa Jungle Juice 3.5g			3.5g			6	4 \$20.50	\$1,312.00			
	S - Royal Tree Indoor Flower Sativa Jungle Juice 3.5g						1 \$0.01	\$0.01			
				PRODUCT	REJECTION						
	IF PRODUC	TS ARE REJECTED P	LEASE CIRCLE THE I	ITEMS BEIN	G REJECTED IN THE PRODUC	T SHIP	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION										
			PROI	DUCT RECE	IPT CONFIRMATION						
	firm that the contents of thi	•	-								
_					ributor for return to the shipper a	s indica	ted in this form	and all attache	d produc	t detail	
NIA B 41	E OF DEDOON BEGEN !!	IC AND/OD				_	HONE				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIGNED				