SALES INVOICE / SHIPPING MANIFEST

		SALI		ICE / S		ILES	1						
INVOICE/MANIFEST # SO6798			ACTUAL DATE AND TIME OF DEPARTURE 09/11/2019 08:18 AM										
ATTACHED PAGES No E				ESTIMATE	ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C9-0000210-LIC						
TYPE OF LICENSE License		License			STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc			nc.		TYPE OF LICENSE		Retailer License						
		195 Harvey West Blvd	Blvd		BUSINESS NAME		BAYQUEEN Delivery						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS		722 105th Ave						
					CITY, STATE, ZIP CODE		Oakland, CA 94603						
		(831) 600-7710			PHONE NUMBER		+1 510-460-0822						
CONTACT NAME Miguel Felix			CONTACT NAME										
			DI	ISTRIBUTOF	RINFORMATION								
OTATE LIGENOE # 044 000004 LIG		044 0000004110			DDIVEDIO NAME			D 14					
		C11-0000224-LIC			DRIVER'S NAME		Bradley Martinez						
		Oz Distribution, Inc.			CA DRVR LIC # VEHICLE MAKE	B9489158 Ford							
-		195 Harvey West Blvd Santa Cruz, CA 95060			VEHICLE MODEL		Transit						
		(831) 600-7710	02120		VEHICLE LIC. PLATE #		54269L2						
,		Miguel Felix			ACTUAL DATE AND TIME OF	F	U-1200L2						
CONTIN	01147441	Wilgasi i Silx			ARRIVAL								
		RE			IPPED DETAILS THE SHADED COLUMNS BEL	.OW							
UID	ITEM NAME							UNIT	TOTAL COST		TOTAL RETAIL VALUE		
S -Summit Boys Caviar Crumb		Crumble OG Kush 1g					1	\$0.01	\$0.01				
S -Summit Boys Crumble Mango Brulee 1g						1	\$0.01	\$0.01					
S-Royal Tree Indoor Indica Flower Roc OG 3.5g							1	\$0.01	\$0.01				
				DPODLICT.	REJECTION								
	IF PRODUCTS	S ARE REJECTED PLEAS	SE CIRCLE THE I		REJECTED IN THE PRODUC	T SHIPE	PED [DETAILS S	SECTION ABO	VE			
REAS	ON FOR RECECTION												
Loonfii	rm that the contents of this:	shipmont match in weight			PT CONFIRMATION								
I agree	e to take custody of all items roducts circled abbove are r	s as inicated received above	ve - and which are	e not circled.	ibutor for return to the shipper a	as indica	ted in	this 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						D	ATE S	SIGNED					