## SALES INVOICE / SHIPPING MANIFEST

					ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 05:16 PM							
ATTACI	HED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		3		STATE LICENSE #		C10-18-0000037-TEMP						
TYPE OF LICENSE License				STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.		IC.		TYPE OF LICENSE	Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		NHS Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		1901 Atlantic Ave.					
950602126					CITY, STATE, ZIP CODE		Long Beach , CA 90806					
PHONE NUMBER (831) 600-7710					PHONE NUMBER (562) 528-88			528-881	0			
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUT	TOR INFORMATION							
STATE LICENSE # C11-0000224-LIC			<b>)</b>	DRIVER'S NAME			Bradley Martinez					
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B9489158					
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	50602126		VEHICLE MODEL	LE MODEL Transit						
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #	VEHICLE LIC. PLATE # 54269L2						
CONTA	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF							
					ARRIVAL							
			RECEIVER CO		SHIPPED DETAILS ILY THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME						QTY L		TOTAL COST		TOTAL RETAIL VALUE	
	Kanebes Hybrid Flower Alien Rock 1g SMALLS					3	2	\$3.50	\$112.00			
Kanebes Sativa Flower Sled Dawg 1g SMALLS							32 \$3.50					
	Kannebes Indica	a Flower Black Berry Kush 1g	smalls			3	2	\$3.50	\$112.00			
					ICT REJECTION							
	IF PR	ODUCTS ARE REJECTED P	LEASE CIRCLE I	HE ITEMS BE	ING REJECTED IN THE PRODUC	I SHIP	PED DE	TAILS	SECTION ABO	VE		
REAS	SON FOR RECECT	ION										
			Р	PRODUCT RE	CEIPT CONFIRMATION							
		s of this shipment match in we	•									
_	roducts circled abb	f all items as inicated received ove are rejected for delivery a			ed. distributor for return to the shipper a	s indica	ited in th	is form a	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR				PHONE								
REJECTIONG PRODUCT							IUMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIG	GNED				