## SALES INVOICE / SHIPPING MANIFEST

		LD II V O				, 1				
				ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 07:54 AM ESTIMATED DATE AND TIME OF ARRIVAL						
STATE LICENSE # TYPE OF LICENSE				STATE LICENSE # STATE LICENSE2 #		C9-0000246-LIC C9-0000246-LIC				
BUSINESS NAME				TYPE OF LICENSE						
BUSINESS ADDRESS	·			BUSINESS NAME		Retailer License  Medical Cannabis Education Center				
CITY, STATE, ZIP CODE  Santa Cruz, CA				BUSINESS ADDRESS		11114 G AVE UNIT 9				
CITT, STATE, ZIP CODE		950602126		CITY, STATE, ZIP CODE		Hesperia, CA 92345				
PHONE NUMBER (831) 600-7710  CONTACT NAME Miguel Felix				PHONE NUMBER		0				
			CONTACT NAME			, , , , , , , , , , , , , , , , , , ,				
		D	DISTRIBUTO	R INFORMATION						
STATE LICENSE #	E LICENSE # C11-0000224-LIC			DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME	SINESS NAME Oz Distribution, Inc.			CA DRVR LIC #		B9147506				
BUSINESS ADDRESS 195 Harvey West Blvd		vd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		602126		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-7710				VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL						
	F			HIPPED DETAILS THE SHADED COLUMNS BEI	LOW					
UID ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[ED00021] Heavenly Sweet Edible Treats Fruity 100mg THC					12	\$8.50	\$102.00			
[ED00034] Heavenly Sweet Edible Treats Classic 100mg THC					12	2 \$8.50	\$102.00			
[ED00019] Heavenly Sweet Edible Treats Berry Crunch 100mg THC					12					
[ED00036] Heavenly Sweet Edible Treats Rainbow 100mg THC					12					
[ED00116] Heavenly Sweet Edible Treats Fall to Pieces 100mg THC					12	, , , , ,				
[ED00009] Heavenly Sweet Ed	dible Munchies Cinnful Buddie	es 100mg THC			12	2 \$8.50	\$102.00			
			PRODUC	Γ REJECTION						
IF PROD	UCTS ARE REJECTED PLEA	ASE CIRCLE THE I	ITEMS BEIN	G REJECTED IN THE PRODUC	CT SHIPF	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION	ı									
		DPO!	DUCT BECE	IPT CONFIRMATION						
I confirm that the contents of	this shipment match in weigh									
	items as inicated received ab									
				ributor for return to the shipper a	as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEING PRODUCT	VING AND/OR					HONE UMBER				
SIGNATURE OF PERSON F	RECEIVING AND/OR				D	ATE SIGNED				

REJECTING PRODUCT