SALES INVOICE / SHIPPING MANIFEST

ואועטוכו	E/MANIFEST # SO6916		ΔΟΤΙΙΔΙ	DATE AND TIME OF DEPARTURE	= 00/18	8/2010 03:25 P	M			
INVOICE/MANIFEST # SO6916 ATTACHED PAGES No				ED DATE AND TIME OF ARRIVAL		0/2019 03.23 F	IVI			
					- 1					
	SHIPF	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE #		C11-0000224-LIC				C10-0000599)			
TYPE OF LICENSE License			STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Licer	nse				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Proper Wellness INC					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		0					
950602126			CITY, STATE, ZIP CODE		Eureka, CA 95501					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(707) 630-11	42				
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUTO	OR INFORMATION						
			5.0							
STATE LICENSE #		C11-0000224-LIC		DRIVER'S NAME		Bradley Marti	dley Martinez			
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9489158				
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	CT NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
		RECEIVE		SHIPPED DETAILS Y THE SHADED COLUMNS BELC	NA/					
		KEOLIVE	IN COMIT LETES CIVE	THE GHADED GOLOWING BELO	7 4 4					
					OTY	QTY UNIT		UNIT RETAII	TOTAL RETAIL	
UID	ITEM NAME					REC'IDOST	TOTAL COST			
	Sticky Icky Indoor Flower Hybrid Lemon C'hello 3.5g				16					
Sticky Icky Indoor Flower Hybrid Animal Pie 3.5g				16						
			PRODUC	CT REJECTION						
	IF PRODUCT	S ARE REJECTED PLEASE CIRC		NG REJECTED IN THE PRODUCT	SHIPE	PED DETAILS	SECTION ABO	VE		
REAS	ON FOR RECECTION									
r (L) (O	ON TON NEGLOTION									
			PRODUCT REC	EIPT CONFIRMATION						
		shipment match in weight and cou								
_	oducts circled abbove are	ns as inicated received above - and remain in rejected for delivery and remain in		d. stributor for return to the shipper as	indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED				