SALES INVOICE / SHIPPING MANIFEST

		· ·										
				ACTUAL DATE AND TIME OF DEPARTURE 10/02/2019 04:17 PM								
ATTACHE	ED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			;		STATE LICENSE #		C10-0000352-LIC					
TYPE OF LICENSE License				STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.			nc.	TYPE OF LICENS			Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME			ABATIN WELLNESS SAC					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix					BUSINESS ADDRESS		2100 29th St					
					CITY, STATE, ZIP CODE	Sacramento, CA 95817						
				PHONE NUMBER		916-822-5699						
					CONTACT NAME							
				DISTRIBUTO	OR INFORMATION							
STATE LICENSE # C11-0000224-LI		>		DRIVER'S NAME	Angel Rodrig			uez				
BUSINESS NAME Oz Distribut		Oz Distribution, Ir	Inc.		CA DRVR LIC #		B9147506					
BUSINESS ADDRESS 195		195 Harvey West	est Blvd		VEHICLE MAKE	Ford						
CITY, STATE, ZIP CODE Sa		Santa Cruz, CA 9	50602126		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							
			RECEIVER COM		HIPPED DETAILS Y THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME						′ QTY L		TOTAL COST		TOTAL RETAIL VALUE	
FL00196] Kanebes Hybrid Flower Whitezilla 7g Smalls					20	.0	\$17.00	\$340.00				
FL00185] Kanebes Hybrid Flower Strawberry Lemon 7g SMALLS						20	0	\$17.00	\$340.00			
FL00251] Kanebes Sativa Flower Cream Lemon OG 7g SMALLS						20	0	\$17.00	\$340.00			
				PRODUC	T REJECTION							
	IF PROD	DUCTS ARE REJECTED PI	LEASE CIRCLE TH	E ITEMS BEIN	IG REJECTED IN THE PRODUC	T SHIPI	PED DE	TAILS S	SECTION ABO	VE		
REASO	N FOR RECECTIO	N										
			PR	RODUCT RECI	EIPT CONFIRMATION							
I confirm	n that the contents o	of this shipment match in we										
_	ducts circled abbove	Il items as inicated received e are rejected for delivery a			tributor for return to the shipper a	s indica	ated in th	nis form a	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR						P	HONE					
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SI	GNED				