SALES INVOICE / SHIPPING MANIFEST

		57 11	EED II (O	ICD / D			, 1					
INVOICE/MANIFEST # SO5969 A			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 04:42 PM								
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			<u> </u>		STATE LICENSE #	C9-0000184-LIC						
	TYPE OF LICENSE License				STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME			The Diamond Bonsai						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	920 52nd Ave							
				CITY, STATE, ZIP CODE		OAKLAND, CA 94601						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		9704719967						
CONTACT NAME Miguel Felix				CONTACT NAME	ACT NAME							
			D	OISTRIBUTOR	R INFORMATION							
STATE LICENSE # C11-0000224-LIC					DRIVER'S NAME	Angel Rodrig			uez			
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B914					
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				
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF	IME OF						
					ARRIVAL							
			P	RODUCT SH	IIPPED DETAILS							
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	_OW						
UID	ITEM NAME						QTY REC'		TOTAL COST		TOTAL RETAIL VALUE	
	Kanebes Hybrid Flower Strawberry Banana SMALLS 28g.						3	\$67.00	\$536.00			
Kanebes Indica Flower Holy Grail SMALLS 14g					16	6	\$35.00	\$560.00				
ABC123] GB2 Indica Flower Birthday Cake 1 LB					(0	\$0.00	\$0.00				
					REJECTION							
	IF PRODUC	CTS ARE REJECTED PLE	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	CT SHIPE	PED DI	ETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION											
			PROI	DUCT RECE	PT CONFIRMATION							
I confirm	m that the contents of th	is shipment match in weig	ght and count as indi	cated above.								
_	ducts circled abbove ar	ems as inicated received a re rejected for delivery and			ributor for return to the shipper a	as indicat	ted in t	his form a	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBEI	₹				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SI	GNED				