SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO76	10	ACTUAL DATE AND TIME OF DEPARTURE	11/13/2010 03:22 P	M			
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		IVI			
SHIF	PPER INFORMATION	RECE	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000109-LIC				
TYPE OF LICENSE	License	STATE LICENSE2 #					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lice	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME		Golden State Patient Care			
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRESS	233 CA-174				
	950602126	CITY, STATE, ZIP CODE	Colfax, CA 95713				
PHONE NUMBER	(831) 600-7710						
CONTACT NAME	Miguel Felix	CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DDIVED'S NAME	Prodley Mort	inoz			
JSINESS NAME Oz Distribution, Inc.		DRIVER'S NAME CA DRVR LIC #	Bradley Martinez B9489158				
USINESS 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 #					
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF	0+200L2	3 1 203L2			
OOIVITIOT IVIIVIL	Iviigael i enx	ARRIVAL					
		PRODUCT SHIPPED DETAILS					
	RECEIVE!	R COMPLETES ONLY THE SHADED COLUMNS BELO	M				
	RECEIVE	COMPLETES ONET THE SHADED COLUMNS BELO	vv				
					UNIT	TOTAL	
			QTY QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD REC'IDOST	TOTAL COST	VALUE	VALUE	
[CT00176] The Oz Indica Shatter Purple Punch 1g			24 \$13.00	\$312.00			
[CT00169] The Oz Hybrid Shatte		24 \$13.00	\$312.00				
IE DDODI I	CTS ARE DE IECTED DI EASE CIRC	PRODUCT REJECTION LE THE ITEMS BEING REJECTED IN THE PRODUCT	SHIDDED DETAILS	SECTION ARO	\/⊑		
II FRODO	OTO AIL REJECTED FLEAGE CINC	THE TIEMS BEING REJECTED IN THE PRODUCT	SHIFFED DETAILS	SECTION ABO	V L		
REASON FOR RECECTION							
		PRODUCT RECEIPT CONFIRMATION					
	his shipment match in weight and cou						
	ems as inicated received above - and re rejected for delivery and remain in	the custody of the distributor for return to the shipper as	indicated in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVI REJECTIONG PRODUCT	NG AND/OR		PHONE NUMBER				
SIGNATURE OF PERSON RE	ECEIVING AND/OR		DATE SIGNED				