SALES INVOICE / SHIPPING MANIFEST

		571	LLD II VO	ICD / D			, 1					
INVOICE/MANIFEST # SO7419			ACTUAL DATE AND TIME OF DEPARTURE 10/22/2019 04:29 PM									
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #	C10-0000052-LIC							
	YPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		c.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd	vd BUSINE			San Diego Natural Inc					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS	8530 NELSON WAY							
				CITY, STATE, ZIP CODE		Escondido, CA 92026						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(609) 462-4234						
CONTACT NAME Miguel Felix				CONTACT NAME								
			С	DISTRIBUTO	R INFORMATION							
STATE LICENSE # C11-0000224-LI		;		DRIVER'S NAME	Brandon Suma			andal				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		D1309712					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE Fo			Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL	Transit						
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE # 54269L2			L2				
CONTAC	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF	F						
					ARRIVAL							
			P	PRODUCT SH	HIPPED DETAILS							
			RECEIVER COMPL	LETES ONLY	THE SHADED COLUMNS BEL	_OW						
UID	ITEM NAME						QTY L		TOTAL COST		TOTAL RETAIL VALUE	
	Sticky Icky Indoor Flower Hybrid The MAC #1 3.5g					32	2	\$30.00	\$960.00			
Sticky Icky Indoor Flower Hybrid Sonoma Cake 3.5g			e 3.5g				2	\$30.00	\$960.00			
CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G					24			\$17.50	\$420.00			
					REJECTION							
	IF PRODUC	CTS ARE REJECTED PL	EASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUC	CT SHIPE	PED DE	TAILS	SECTION ABO	VE		
REAS	ON FOR RECECTION											
			PRO	DUCT RECE	IPT CONFIRMATION							
I confir	rm that the contents of th	is shipment match in we	ight and count as indi	cated above.								
	oducts circled abbove a	ems as inicated received re rejected for delivery ar			ributor for return to the shipper a	as indica	ted in th	is form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT							UMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SI	GNED				