## SALES INVOICE / SHIPPING MANIFEST

INVOICE/	MANIFEST #	SO5036	ACTIL	AL DATE AND TIME OF DEPARTURE	05/15/2019	0 01·31 PI	M		
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL					
SHIPPER INFORMATION				RECEIVER INFORMATION					
STATE LICENSE # A11-1		A11-18-0000248-T	00248-TEMP STATE LICENSE #		C10-18-0000074-TEMP				
		Adult-Use Distribut	ion Temporary Licence	STATE LICENSE2 #					
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE	Reta	Retailer License			
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd	BUSINESS NAME	Prop	Proper Wellness INC			
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS	0	0			
950602126				CITY, STATE, ZIP CODE Eureka, CA 95501					
PHONE NUMBER (831) 600-7710				PHONE NUMBER	(707	(707) 630-1142			
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBU	JTOR INFORMATION					
OT 4 TE 1 1	OFNIOF "	A 4 4 40 00000 40 T	EMP.	DDIVEDIO MAME					
STATE LICENSE #		A11-18-0000248-T		DRIVER'S NAME		Bradley Martinez			
BUSINESS NAME		Oz Distribution, Inc		CA DRVR LIC #		B9489158			
BUSINESS ADDRESS		195 Harvey West E		VEHICLE MAKE		Ford			
CITY, STATE, ZIP CODE PHONE NUMBER			0602126	VEHICLE MODEL		Transit			
		(831) 600-7710		VEHICLE LIC. PLATE #	542	54269L2			
CONTACT	INAIVIE	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL					
			PRODUC	T SHIPPED DETAILS					
				NLY THE SHADED COLUMNS BELO	W				
								UNIT	TOTAL
					QTY QTY	UNIT		RETAIL	RETAIL
UID	ITEM NAME				ORD REC	COST	TOTAL COST	VALUE	VALUE
	The Oz Hybrid	d Elite Cookies Hash 1g			1	\$0.00	\$0.00		
	The Oz Hybrid	d Elite Cookies Hash 1g			1	\$0.01	\$0.01		
				OUCT REJECTION					
	IF P	RODUCTS ARE REJECTED PLE	EASE CIRCLE THE ITEMS B	EING REJECTED IN THE PRODUCT	SHIPPED [	DETAILS	SECTION ABO	VE	
REASO	N FOR RECEC	CTION							
			PRODUCT R	ECEIPT CONFIRMATION					
I confirm	that the conte	nts of this shipment match in weig	tht and count as indicated ab	ove.					
I agree t	to take custody	of all items as inicated received a	bove - and which are not circ	cled.					
The proc sheet(s)		bbove are rejected for delivery and	d 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 RI	ECEIVING AND/OR			PHONE				
REJECTIONG PRODUCT					NUMBE				
SIGNATURE OF PERSON RECEIVING AND/OR					DATE S	SIGNED			
REJECTING PRODUCT									