SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7559				ACTUAL DATE AND TIME OF DEPARTURE 11/12/2019 03:31 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #			C12-0000167-LIC			
TYPE OF LICENSE License					STATE LICENSE2 #		C12-0000167-LIC				
BUSINESS NAME Oz Distribution, Inc.		nc.	c. TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Bare Dispensary				
CITY, STATE, ZIP CODE Santa Cruz, CA				ı	BUSINESS ADDRESS		690 Garnet A	ve W			
		950602126	950602126		CITY, STATE, ZIP CODE		Palm Springs, CA 92262				
PHONE NUMBER		(831) 600-7710	(831) 600-7710		PHONE NUMBER	(760) 673-7400					
CONTACT NAME Miguel Felix				CONTACT NAME							
			D	DISTRIBUTOR I	NFORMATION						
			_								
STATE LICENSE #		C11-0000224-LI0			DRIVER'S NAME		Rodel Jardeleza				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B82636677				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE VEHICLE MODEL		Ford				
CITY, STATE, ZIP CODE PHONE NUMBER		Santa Cruz, CA 950602126 (831) 600-7710			VEHICLE NIODEL VEHICLE LIC. PLATE #		Transit 54269L2				
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF		J4209L2				
CONTINO	TTOWNE	Iviiguei i eiix	guot i olik		ARRIVAL						
				PRODUCT SHIF LETES ONLY T	PED DETAILS HE SHADED COLUMNS BELO)W			UNIT	TOTAL	
LIID	ITEM NAME						QTY UNIT	TOTAL COST	RETAIL	RETAIL	
UID ITEM NAME [CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G			16							VALUE	
[CT00214] Summit Boys Caviar Crumble Pac Glue 1g			10					\$210.00			
Summit Boys Shelf Support					2			-\$35.00			
[ED00032] Heavenly Sweet Edible Munchies Ranch Crackers 100mg THC			ckers 100mg THC		10			\$85.00			
[ED00041] Heavenly Sweet Edible Munchies Chile Lime Crackers 100mg THC						10					
-	Heavenly Sweet Edible			10	\$8.50	\$85.00					
				PRODUCT R	EJECTION						
	IF PRODUC	TS ARE REJECTED P	LEASE CIRCLE THE I	ITEMS BEING F	REJECTED IN THE PRODUCT	SHIPE	PED DETAILS	SECTION ABO	VE		
REASC	N FOR RECECTION										
			PROI	DUCT RECEIP	T CONFIRMATION						
I agree		ms as inicated received	above - and which are	e not circled.	utor for return to the shipper as	indicat	ted in this form	and all attache	d produc	t detail	
311661(2	<i>J</i> ·										
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIGNED				