SALES INVOICE / SHIPPING MANIFEST

		SAL		ICL /	SHIPPING MAN		, 1				
INVOICE/MANIFEST # SO6280				ACTUAL DATE AND TIME OF DEPARTURE 08/14/2019 08:39 AM							
ATTACHE	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #			A10-17-0000109-temp				
TYPE OF LICENSE License				STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			i.		TYPE OF LICENSE R			Retailer License			
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Holistic Healing Collective				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix				BUSINESS ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER CONTACT NAME		15501 San Pablo Ave					
							Richmond, CA 94806				
							510-275-3365				
				DISTRIBUT	OR INFORMATION						
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME		Chad Muller					
BUSINESS NAME Oz Distribution, Inc.		·.		CA DRVR LIC #		C5538145					
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 O	F					
					SHIPPED DETAILS LY THE SHADED COLUMNS BEI	LOW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL	
OID	Summit Boys Kosher Kush Caviar Crumble 1g					20				VALUE	
	Summit Boys Caviar	-				20					
[FL00407] Royal Tree Indoor Flower Dosido Indica 3.5g						64					
Kanebes Hybrid Flower Whitezilla 3.5g			96								
	Kanebes Indica Flower Emerald Essence OG 3.5g smalls					22 \$8.5					
	Summit Boys Caviar Crumble Banjo X OG 1g					20	\$17.00	\$340.00			
				PRODU	CT REJECTION						
	IF PRODUC	CTS ARE REJECTED PLE	ASE CIRCLE THE	ITEMS BE	ING REJECTED IN THE PRODUC	CT SHIPF	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
			PRO	ODLICT RE	CEIPT CONFIRMATION						
Loonfirm	n that the contents of th	nis shipment match in weig									
		ems as inicated received a									
_	ducts circled abbove a				listributor for return to the shipper	as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR							HONE				
	TIONG PRODUCT	OFININO AND OR					UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR						D/	ATE SIGNED				

REJECTING PRODUCT