SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6584				ACTUAL DATE AND TIME OF DEPARTURE 09/04/2019 04:29 PM									
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL									
	OLUDO		ATION		Dr	-05"	(E.D.	NIEOI					
SHIPPER INFORMATION					RECEIVER INF				RMATIO	V			
STATE LICENSE # C11-0000224-LIC				STATE LICENSE #	ICENSE #		C10-0000058-LIC						
TYPE OF LICENSE Lic		License			STATE LICENSE2 #								
BUSINESS NAME		Oz Distribution, I			TYPE OF LICENSE		Reta	Retailer License					
BUSINESS ADDRESS		195 Harvey West			BUSINESS NAME		The	Higher Conscious					
		Santa Cruz, CA	4		BUSINESS ADDRESS			100 LAS PALMAS AVE					
		950602126			CITY, STATE, ZIP CODE				Patterson, CA 95363				
PHONE NUMBER		(831) 600-7710			PHONE NUMBER		2096067913						
CONTACT	T NAME	Miguel Felix			CONTACT NAME								
			Ω	DISTRIBUTOR	RINFORMATION								
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME		Rodel Jardeleza						
BUSINES	S NAME	Oz Distribution, I	Distribution, Inc.		CA DRVR LIC #		B82636677						
BUSINESS ADDRESS		195 Harvey West	est Blvd		VEHICLE MAKE		Ford						
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	z, CA 950602126		VEHICLE MODEL		Transit						
PHONE NUMBER		(831) 600-7710	-7710		VEHICLE LIC. PLATE #		54269L2						
CONTACT	Γ NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL								
[ED0015] [ED00432] [ED00433] [ED0091] [ED0081]	ITEM NAME Dollar Dose - lozenge - In Heavenly Sweet Edible In Royal Tree Indoor Flowe	ndica Rootbeer - 5mg Sativa Hibiscus - 5mg Sativa Watermelon - 5 Junchies Chile Lime Junchies Ranch Crac	J img Crackers 100mg THC		THE SHADED COLUMNS E	QT OR 1 1 1 1	Y QTY D REC 00 00 00 00 00 10 10		\$50.00 \$50.00 \$50.00 \$85.00 \$85.00	VALUE O O O O O O O O O O O O O	TOTAL RETAIL VALUE		
	Royal Tree Hybrid Indoor		I				16	\$22.00					
	IF PRODUCTS	S ARE REJECTED P	LEASE CIRCLE THE		REJECTION REJECTED IN THE PROD	UCT SHII	PPED [DETAILS S	SECTION ABO)VE			
REASO	N FOR RECECTION												
					PT CONFIRMATION								
	that the contents of this so take custody of all items	•	0										
The prod sheet(s)		ejected for delivery a	nd remain in the custo	ody of the distr	ibutor for return to the shippe	er as indic	ated in	this form	and all attache	d product	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT			DATE SIGNE										