## SALES INVOICE / SHIPPING MANIFEST

INVOICE/	MANIFEST # SO6458		ACTUAL	DATE AND TIME OF DEPARTURE	- 08/2	7/2019	11·43 Al	Л			
ATTACHED PAGES No				TED DATE AND TIME OF ARRIVAL		.,20.0		•			
	SHIPF	PER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE #		C11-0000224-LIC		STATE LICENSE #			C-10-18-0000078-10				
		License	STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Cookies Melrose					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		8360 W Melrose Ave #101						
950602126			CITY, STATE, ZIP CODE			West Hollywood, CA 90069					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		323-433-4743						
CONTACT NAME Miguel Felix				CONTACT NAME							
			DISTRIBUTO	OR INFORMATION							
OTATE III	OFNOF #	044 0000004 LIC		DDIVEDIC NAME		A	I D a dai au				
STATE LICENSE # BUSINESS NAME		C11-0000224-LIC		DRIVER'S NAME CA DRVR LIC #		Angel Rodriguez					
BUSINESS NAME BUSINESS ADDRESS		Oz Distribution, Inc.  195 Harvey West Blvd		VEHICLE MAKE		B9147506 Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126		VEHICLE MODEL	Transit						
PHONE NUMBER		(831) 600-7710		VEHICLE LIC. PLATE #		5426					
CONTACT NAME		Miguel Felix		ACTUAL DATE AND TIME OF		0420	JLZ				
30111710	T TV TVIL	Iviiguei i ciix		ARRIVAL							
				SHIPPED DETAILS							
		RECEIVE	ER COMPLETES ONL	LY THE SHADED COLUMNS BELO	W						
UID	ITEM NAME					QTY		TOTAL COST		TOTAL RETAIL VALUE	
[ED0064] Heavenly Sweet Edible Treats Berry Crunch 100mg THC				4		\$7.50	\$330.00				
		ole Treats Berry Crunch 100mg Ti				1	\$0.01	\$0.01			
			DDOD! (	OT DE JECTION							
	IF PRODUCTS	S ARE REJECTED PLEASE CIRC		CT REJECTION NG REJECTED IN THE PRODUCT	SHIP	PED DI	ETAILS S	SECTION ABO	VE		
55400	N FOR RECEIVE										
REASO	N FOR RECECTION										
			PRODUCT REC	EIPT CONFIRMATION							
I confirm	n that the contents of this	shipment match in weight and cou	unt as indicated above	e.							
_	ducts circled abbove are	s as inicated received above - and remain in		d. stributor for return to the shipper as	indica	ited in t	his form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBEI	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					D	ATE SI	IGNED				