SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7	968	ACTUAL DATE AND TIME OF	DEPARTURE 12/03	8/2019 05·20 P	M			
ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 12/03/2019 05:20 PM ESTIMATED DATE AND TIME OF ARRIVAL					
SHI	PPER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE	#	C12-0000105	-LIC			
TYPE OF LICENSE	License	STATE LICENSE2						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENS	E	Retailer Licen	ise			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	USINESS NAME Brown Dog Health and Wellness					
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDR	ESS	66595 Pierso				
950602126		CITY, STATE, ZIP	CODE	Desert Hot Springs, CA 92240-3756				
PHONE NUMBER (831) 600-7710		PHONE NUMBER		0				
CONTACT NAME Miguel Felix		CONTACT NAME						
	, j							
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME		lan John Sternberger				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		B9920672				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		VEHICLE MODEL	VEHICLE MODEL		Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PL	VEHICLE LIC. PLATE #		54269L2			
CONTACT NAME Miguel Felix		ACTUAL DATE AI ARRIVAL	ACTUAL DATE AND TIME OF ARRIVAL					
	RECEIVE	PRODUCT SHIPPED DETAILS R COMPLETES ONLY THE SHADED COL	LUMNS BELOW					
			OTV	QTY UNIT		UNIT	TOTAL RETAIL	
UID ITEM NAME					TOTAL COST			
[ED00047] Thatt Edible Gummi	es 90ma		100				VALUE	
[ED00042] Heavenly Sweet Edible Singles Butterscotch Blondie 10mg THC			(
		PRODUCT REJECTION						
IF PRODU	JCTS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN TH	E PRODUCT SHIPF	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
Leading that the contents of	this abinaras are table in socialist and according	PRODUCT RECEIPT CONFIRMATIO	N					
	this shipment match in weight and cou items as inicated received above - and							
The products circled abbove sheet(s).	are rejected for delivery and remain in	the custody of the distributor for return to t	he shipper as indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIV	/ING AND/OR		PI	HONE				
REJECTIONG PRODUCT				UMBER				
SIGNATURE OF PERSON F REJECTING PRODUCT	RECEIVING AND/OR		Di	ATE SIGNED				