SALES INVOICE / SHIPPING MANIFEST

| | | 5711 | LED II (O | ICL / D | | | | | | | |
|--|--|---|------------------------------------|---|------------------------------------|-------------------------|-----------------|-----------------|----------|--------------------------|--|
| INVOICE/MANIFEST # SO6997 AG | | | ACTUAL D | ACTUAL DATE AND TIME OF DEPARTURE 09/26/2019 02:35 PM | | | | | | | |
| ATTACHED PAGES No | | | ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | | | |
| SHIPPER INFORMATION | | | | | RECEIVER INFORMATION | | | | | | |
| STATELI | CENSE # | C11-0000224-LIC | | | STATE LICENSE # | | C10-0000285 | ·IIC | | | |
| | TYPE OF LICENSE License | | | | STATE LICENSE2 # | | | | | | |
| BUSINESS NAME Oz Distribution, Inc | | ic. | | TYPE OF LICENSE | Retailer License | | | | | | |
| BUSINESS ADDRESS 195 Harvey West Blvd | | | | BUSINESS NAME | | Sonoma Patient Group | | | | | |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 | | | | BUSINESS ADDRESS | | 2425 Cleveland Ave #175 | | | | | |
| | | | | CITY, STATE, ZIP CODE | | Santa Rosa, CA 95403 | | | | | |
| PHONE NUMBER (831) 600-7710 | | | | PHONE NUMBER | | 707-526-2800 | | | | | |
| CONTACT NAME Miguel Felix | | | | CONTACT NAME | | | | | | | |
| | | | D | ISTRIBUTOF | RINFORMATION | | | | | | |
| STATE LICENSE # C11-0000224-LICENSE C11-000024-LICENSE C11-0000024-LICENSE C11-0000024-LICENSE C1 | | | | | DRIVER'S NAME | | Angel Rodriguez | | | | |
| BUSINESS NAME O | | | Oz Distribution, Inc. | | CA DRVR LIC # | | B9147506 | | | | |
| BUSINESS ADDRESS | | | 195 Harvey West Blvd | | VEHICLE MAKE Ford | | Ford | 1 | | | |
| CITY, STATE, ZIP CODE | | Santa Cruz, CA 950602126 | | | VEHICLE MODEL | Transit | | | | | |
| PHONE NUMBER | | (831) 600-7710 | | | VEHICLE LIC. PLATE # | | 54269L2 | | | | |
| CONTACT NAME | | Miguel Felix | Felix | | ACTUAL DATE AND TIME OF | F | | | | | |
| | | | | | ARRIVAL | | | | | | |
| | | | P | RODUCT SH | IIPPED DETAILS | | | | | | |
| | | | RECEIVER COMPL | ETES ONLY | THE SHADED COLUMNS BEL | _OW | | | | | |
| UID | ITEM NAME | | | | | | QTY UNIT | TOTAL COST | | TOTAL RETAIL VALUE | |
| | The Oz Hybrid Gorilla Cake Crumble 1g | | | | | 40 | \$13.00 | \$520.00 | | | |
| Summit Boys Crumble Mango Brulee 1g | | | | | 40 | \$12.50 | \$500.00 | | | | |
| [ED0084] | ED0084] Heavenly Sweet Edible Treats Classic 100mg THC | | | | | 20 | \$8.50 | \$170.00 | | | |
| | | | | PRODUCT | REJECTION | | | | | | |
| | IF PRODUC | CTS ARE REJECTED PL | EASE CIRCLE THE I | TEMS BEING | REJECTED IN THE PRODUC | T SHIPP | ED DETAILS S | SECTION ABO | VE | | |
| REASO | N FOR RECECTION | | | | | | | | | | |
| | | | PROD | DUCT RECEI | PT CONFIRMATION | | | | | | |
| I confirm | n that the contents of th | is shipment match in wei | ght and count as indic | cated above. | | | | | | | |
| _ | ducts circled abbove a | ems as inicated received are rejected for delivery an | | | ibutor for return to the shipper a | as indicate | ed in this form | and all attache | d produc | t detail | |
| NAME OF PERSON RECEIVING AND/OR | | | | | PHONE | | | | | | |
| REJECTIONG PRODUCT | | | | | | | JMBER | | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT | | | | | | DA | TE SIGNED | | | | |