SALES INVOICE / SHIPPING MANIFEST

INIVOIC	CE/MANIFEST # SO675	1		ACTUAL DATE AND TIME OF DEPARTURE	09/10	1/2010 0 <i>1</i> -21 P	M			
ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/10/2019 04:21 PM ESTIMATED DATE AND TIME OF ARRIVAL						
7111710	THE PARTIES INC.									
SHIPPER INFORMATION				RECE	EIVE	ER INFO	RMATIO	V		
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #							
TYPE OF LICENSE License			STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Licer	nse				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME	MMD North Hollywood						
950602126		Santa Cruz, CA		BUSINESS ADDRESS		1515 N Cahuenga Blvd				
		950602126		CITY, STATE, ZIP CODE		Los Angeles, CA 90028				
		(831) 600-7710		PHONE NUMBER		0				
CONTACT NAME		Miguel Felix		CONTACT NAME						
			DIS	STRIBUTOR INFORMATION						
STATE	LICENSE #	C11-0000224-LIC		DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		B9147506				
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 OF ARRIVAL						
		RECEIVER		ODUCT SHIPPED DETAILS TES ONLY THE SHADED COLUMNS BELOV	W					
UID	ITEM NAME					QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	Summit Boys Caviar C		12	2 \$17.50	\$210.00					
Summit Boys Refined Crumble True OG 1g					2 \$17.50	\$210.00)			
Summit Boys Caviar Crumble Sherbert 1g					12					
	Summit Boys Caviar S	Sugar Cali Girl 1g			12	2 \$25.00	\$300.00			
				PRODUCT REJECTION						
	IF PRODUC	TS ARE REJECTED PLEASE CIRC	LE THE ITI	EMS BEING REJECTED IN THE PRODUCT	SHIPF	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION									
			PRODU	UCT RECEIPT CONFIRMATION						
I conf	firm that the contents of thi	s shipment match in weight and cour	nt as indica	ated above.						
_	products circled abbove are	ms as inicated received above - and e rejected for delivery and remain in t		not circled. y of the distributor for return to the shipper as i	indicat	ted in this form	and all attache	d produc	t detail	
NAM	E OF PERSON RECEIVIN	IG AND/OR			DI	HONE				
REJECTIONG PRODUCT					NUMBER					
	IATURE OF PERSON REG ECTING PRODUCT	CEIVING AND/OR			Di	ATE SIGNED				