## SALES INVOICE / SHIPPING MANIFEST

NIVOLOE/MANUEEOT // OO700		ACTU	IAL DATE AND TIME OF DEDARTUR	- 4440	1/0040 00 F4 D					
INVOICE/MANIFEST # SO7691 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 11/12/2019 03:54 PM ESTIMATED DATE AND TIME OF ARRIVAL							
ATTACHED PAGES NO		ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION			RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #							
TYPE OF LICENSE			STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc. BUSINESS ADDRESS 195 Harvey West Blvd		TYPE OF LICENSE		Retailer License Rani John						
			BUSINESS NAME							
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126		BUSINESS ADDRESS		0					
			CITY, STATE, ZIP CODE PHONE NUMBER		0, CA 0 702-556-9672					
HONE NUMBER (831) 600-7710										
CONTACT NAME Miguel Felix			CONTACT NAME							
		DISTRIBI	UTOR INFORMATION							
STATE LICENSE #	ATE LICENSE # C11-0000224-LIC		DRIVER'S NAME		Rodel Jardeleza					
BUSINESS NAME Oz Distribution, Inc.			CA DRVR LIC #		B82636677					
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		CT SHIPPED DETAILS DNLY THE SHADED COLUMNS BELC	)W						
UID ITEM NAME				ORD	QTY UNIT	TOTAL COST	VALUE	TOTAL RETAIL VALUE		
[FL00533] S -Royal Gems Sativa Flower Star Cookie 3.5g				2						
[FL00631] S -Royal Gems Hyrbid Flower Gelato 3.5g				2						
[FL00632] S -Royal Gems Hyrbid Flower Peanut Butter Breath 3.5g [FL00633] S -Royal Gems Indica Flower Swamp Gas 3.5g				2						
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IE DDODUO	TO A DE DE JEOTED DI EAGE GIDG		DUCT REJECTION	. 01 1100	SED DETAIL O	OFOTION ADO	\ /E			
IF PRODUC	TS ARE REJECTED PLEASE CIRC	LE THE ITEMS E	BEING REJECTED IN THE PRODUCT	SHIPP	ED DETAILS	SECTION ABO	VE			
REASON FOR RECECTION										
		PRODUCT R	ECEIPT CONFIRMATION							
	s shipment match in weight and cour									
	ms as inicated received above - and e rejected for delivery and remain in the		cled.  e distributor for return to the shipper as	indicat	ed in this form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DA	ATE SIGNED					