## SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO7345		ACTUAL DA	TE AND TIME OF DEPARTURE	10/23	2/2010 (	14.54 PI	Λ.			
INVOICE/MANIFEST # SO7345 ATTACHED PAGES No				DATE AND TIME OF ARRIVAL		2/2013 (	54.5411	vi			
	SHIPP	ER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE #		C11-0000224-LIC		STATE LICENSE #		C10-0	000490	-LIC			
TYPE OF LICENSE License			STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Medithrive					
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		1933 Mission st						
950602126			CITY, STATE, ZIP CODE		San Francisco, CA 94103						
PHONE NUMBER (831) 600-7710			PHONE NUMBER		(415) 562-6334						
CONTACT NAME Miguel Felix				CONTACT NAME		·					
			DISTRIBUTOR	INFORMATION							
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME Rodel Ja			Jardele	ardeleza			
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 #		54269					
CONTAC	T NAME	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL							
		RECEIVE	PRODUCT SHIP	PPED DETAILS HE SHADED COLUMNS BELO	)\/\/						
		RECEIVE	COOMI ELTES ONET T	TIE STIADED COLOMINO DELO	, , ,						
									UNIT	TOTAL	
IID.	ITEM NIAME					QTY L		TOTAL COST		RETAIL	
UID ITEM NAME						REC		TOTAL COST		VALUE	
[FL00557] Royal Tree Indoor Flower Black Domina 3.5g					96		\$23.00	\$2,208.00			
	Royal Tree Shelf Suppor	Ţ				6	-\$23.00	-\$138.00			
			DDODUCT I	DE IECTION							
	IE DDODLICTS	S ARE REJECTED PLEASE CIRC	PRODUCT F		CHIDI	DED DE	TAII C 0	SECTION ARO	\/⊏		
	II FRODUCTO	AND NESECTED FEEASE CINC	LL THE HEWG BEING	KESECTED IN THE PRODUCT	SHIFT		IAILO	DECTION ADO	V L		
REASO	N FOR RECECTION										
			PRODUCT RECEIP	T CONFIRMATION							
Lconfirm	n that the contents of this	shipment match in weight and cou		T COIN INWINITION							
		s as inicated received above - and									
-	ducts circled abbove are r	ejected for delivery and remain in		outor for return to the shipper as	indica	ted in th	nis form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE UMBER	2				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SI					