SALES INVOICE / SHIPPING MANIFEST

INIVOICE	/MANIFEST # SO6445		ACTUAL	DATE AND TIME OF DEDARTIBE	00/03	/2010 10:54 A	M			
INVOICE/MANIFEST # SO6445 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/03/2019 10:54 AM ESTIMATED DATE AND TIME OF ARRIVAL						
	SHIP	PER INFORMATION		RECEIVER INFORMATION						
STATE LICENSE # C11-000		C11-0000224-LIC	IC STATE LICENSE #			C10-0000207	-LIC			
TYPE OF LICENSE License		License		STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		OC3 Dispensary				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		3122 Halladay Street					
950602126			CITY, STATE, ZIP CODE		Santa Ana, CA 92705					
PHONE NUMBER (831) 600-7710			PHONE NUMBER		714-754-1348					
CONTACT NAME Miguel Felix				CONTACT NAME						
			DISTRIBUT	OR INFORMATION						
STATE L	ICENSE #	C11-0000224-LIC		DRIVER'S NAME		Angel Rodrig	Jez			
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						
			PRODUCT	SHIPPED DETAILS						
		RECEIVE	ER COMPLETES ON	LY THE SHADED COLUMNS BELO	W					
								UNIT	TOTAL	
					QTY	QTY UNIT			RETAIL	
UID ITEM NAME				ORD	REC'IDOST	TOTAL COST	VALUE	VALUE		
Royal Tree Indoor Flower Chemdawg Sativa 3.5g					64	\$21.00	\$1,344.00			
	S -Royal Tree Indoor F	lower Chemdawg Sativa 3.5g			1	\$0.01	\$0.01			
			PRODU	CT REJECTION						
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SE								VE		
REASC	ON FOR RECECTION									
PRODUCT RECEIPT CONFIRMATION										
I confirm	m that the contents of this	s shipment match in weight and co	ount as indicated above	ve.						
_	oducts circled abbove are	ns as inicated received above - an rejected for delivery and remain in		ed. 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						HONE JMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED				