## SALES INVOICE / SHIPPING MANIFEST

		· <del>-</del>			· · ·	-					
				ACTUAL DATE AND TIME OF DEPARTURE 11/12/2019 03:27 PM							
ATTACHE	ED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			Ç		STATE LICENSE #		C10-0000081-LIC				
	LICENSE	License			STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Inc.		nc.		TYPE OF LICENSE		Retailer Licen	se				
BUSINESS ADDRESS 195 Harvey West Blvd				d BUSINESS NAME			Delta 9 THC LLC				
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS		824 E Anaheim St.					
950602126					CITY, STATE, ZIP CODE		Wilmington, CA 90744				
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(310) 408-9621					
CONTACT NAME Miguel Felix					CONTACT NAME	Ì					
				DISTRIBUTO	OR INFORMATION						
			_		<u> </u>		Rodel Jardele				
STATE LICENSE #			C11-0000224-LIC		DRIVER'S NAME			za			
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 CONTACT NAME		(831) 600-7710			VEHICLE LIC. PLATE #	_	54269L2				
CONTAC	I NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL	-					
			DECEIVED COM		HIPPED DETAILS Y THE SHADED COLUMNS BEL	OW					
			RECEIVER COIVI	IPLETES ONL	THE SHADED COLUMNS BEL	.Ovv					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz					10	\$22.00	\$220.00				
CT00154] The Oz Indica Cold Water Hash Dosido 1g						12	\$8.00	\$96.00			
CT00234] Summit Boys Caviar Crumble Miss USA 1g						12	\$16.00	\$192.00			
				PRODUC	T REJECTION						
	IF PI	RODUCTS ARE REJECTED P	LEASE CIRCLE TH	E ITEMS BEIN	IG REJECTED IN THE PRODUC	T SHIPP	PED DETAILS S	SECTION ABO	VE		
REASO	N FOR RECEC	TION									
			PR	RODUCT RECE	EIPT CONFIRMATION						
I confirm	n that the conter	nts of this shipment match in we	eight and count as ir	ndicated above							
	ducts circled ab	of all items as inicated received bove are rejected for delivery a			tributor for return to the shipper a	as indicat	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR						PH	HONE				
REJECTIONG PRODUCT					NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	ATE SIGNED				