SALES INVOICE / SHIPPING MANIFEST

					ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:16 PM						
ATTACHE	ED PAGES	No		ESTIMA	TED DATE AND TIME OF ARRIVA	AL					
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000402	C10-0000402-LIC			
TYPE OF LICENSE License				STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Inc		nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blv			Blvd		BUSINESS NAME		Super Clinik Yale				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710 CONTACT NAME Miguel Felix					BUSINESS ADDRESS		2110 Yale ST S				
					CITY, STATE, ZIP CODE		Santa Ana, CA 92704				
				PHONE NUMBER		(714) 717-9896					
					CONTACT NAME						
				DISTRIBUT	FOR INFORMATION						
STATE LICENSE # C11-0000224-LIC			<u> </u>	DRIVER'S NAME			Rodel Jardeleza				
			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	(831) 600-7710		VEHICLE LIC. PLATE #		54269L2				
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF	F					
					ARRIVAL						
			RECEIVER CO		SHIPPED DETAILS ILY THE SHADED COLUMNS BEL	LOW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
	00237] Kanebes Indica Preroll Purple Punch 0.8g				50				VALUE		
FL00422] Kanebes Hybrid Preroll Wedding Cake 0.8g					50						
	FL00423] Kanebes Sativa Preroll Mike Larry 0.8g					50					
				PRODI	JCT REJECTION						
	IF PF	RODUCTS ARE REJECTED P	LEASE CIRCLE T		ING REJECTED IN THE PRODUC	T SHIPE	PED DETAILS	SECTION ABO	VE		
REASO	N FOR RECEC	TION									
				PRODUCT RE	CEIPT CONFIRMATION						
Lconfirm	n that the conten	ts of this shipment match in we									
I agree t	to take custody of ducts circled abb	of all items as inicated received	above - and which	ch are not circle		as indicat	ted in this form	and all attache	d product	ı detail	
NAME OF PERSON RECEIVING AND/OR						Pl	HONE				
REJECTIONG PRODUCT						N	UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIGNED				