

# SALES INVOICE / SHIPPING MANIFEST

|                    |        |                                    |                     |
|--------------------|--------|------------------------------------|---------------------|
| INVOICE/MANIFEST # | SO7190 | ACTUAL DATE AND TIME OF DEPARTURE  | 10/31/2019 01:44 PM |
| ATTACHED PAGES     | No     | ESTIMATED DATE AND TIME OF ARRIVAL |                     |

| SHIPPER INFORMATION   |                          | RECEIVER INFORMATION  |                              |
|-----------------------|--------------------------|-----------------------|------------------------------|
| STATE LICENSE #       | C11-0000224-LIC          | STATE LICENSE #       | C10-0000307-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         | Foothill Health and Wellness |
| CITY, STATE, ZIP CODE | Santa Cruz, CA 950602126 | BUSINESS ADDRESS      | 3830 Dividend Dr Suite A     |
| PHONE NUMBER          | (831) 600-7710           | CITY, STATE, ZIP CODE | Shingle Springs, CA 95382    |
| CONTACT NAME          | Miguel Felix             | PHONE NUMBER          | 530-676-4532                 |
|                       |                          | CONTACT NAME          |                              |

| DISTRIBUTOR INFORMATION |
|-------------------------|
|-------------------------|

|                       |                          |                                 |                 |
|-----------------------|--------------------------|---------------------------------|-----------------|
| STATE LICENSE #       | C11-0000224-LIC          | DRIVER'S NAME                   | Angel Rodriguez |
| 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                          |
|--|
| RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW |

| UID       | ITEM NAME                                       | QTY<br>ORD | QTY<br>REC'D | UNIT<br>COST | TOTAL COST | UNIT<br>RETAIL<br>VALUE | TOTAL<br>RETAIL<br>VALUE |
|-----------|---|------------|--------------|--------------|------------|-------------------------|--------------------------|
| [FL00547] | Kanebes Hybrid Flower Mimosa Smalls 3.5g        | 435        |              | \$9.00       | \$3,915.00 |                         |                          |
| [FL00565] | Kanebes Indica Flower Banana Breath 3.5g SMALLS | 408        |              | \$9.00       | \$3,672.00 |                         |                          |
| [FL00580] | Kanebes Hybrid Flower Key Lime Pie Smalls 3.5g  | 222        |              | \$9.00       | \$1,998.00 |                         |                          |
| [FL00579] | Kanebes Indica Flower Wedding Cake Smalls 3.5g  | 192        |              | \$9.00       | \$1,728.00 |                         |                          |

| PRODUCT REJECTION  |
|--|
| IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE |

|                      |  |
|----------------------|--|
| REASON FOR RECECTION |  |
|----------------------|--|

| PRODUCT RECEIPT CONFIRMATION  |
|---|
| I confirm that the contents of this shipment match in weight and count as indicated above.  |
| I agree to take custody of all items as inicated received above - and which are not circled.  |
| The products circled above are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached product detail sheet(s). |

|   |  |                 |  |
|---|--|-----------------|--|
| NAME OF PERSON RECEIVING AND/OR<br>REJECTIONG PRODUCT     |  | PHONE<br>NUMBER |  |
| SIGNATURE OF PERSON RECEIVING AND/OR<br>REJECTING PRODUCT |  | DATE SIGNED     |  |