## SALES INVOICE / SHIPPING MANIFEST

| INVOICE  | MANIFEST # SO6971  |   | ACTUAL DAT             | E AND TIME OF DEPARTURE           | = 09/24         | 4/2019 02:               | 51 PI         | М               |          |          |  |
|--|--|---|------------------------|-----------------------------------|-----------------|--------------------------|---------------|-----------------|----------|----------|--|
| ATTACHED PAGES No  |  |   |                        | DATE AND TIME OF ARRIVAL          |                 | ., 20.0 02.              |               |                 |          |          |  |
|  |  |   |                        |                                   |                 |                          |               |                 |          |          |  |
|  | SHIPF  | PER INFORMATION                               |                        | RECEIVER INFORMATION              |                 |                          |               |                 |          |          |  |
| STATE LICENSE #  |  | C11-0000224-LIC                               | 4-LIC STATE LICENSE #  |                                   | C10-0000496-LIC |                          |               |                 |          |          |  |
| TYPE OF LICENSE License  |  |   | STATE LICENSE2#        |                                   |                 |                          |               |                 |          |          |  |
| BUSINESS NAME Oz Distribution, Inc.                                  |  | Т   | TYPE OF LICENSE        |                                   |                 | Retailer License         |               |                 |          |          |  |
| BUSINESS ADDRESS 195 Harvey West Blvd                                |  |   | E                      | BUSINESS NAME The Plant           |                 |                          |               |                 |          |          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA                                 |  | E   | BUSINESS ADDRESS       |                                   | 21759 E         | rwin \$                  | St            |                 |          |          |  |
| 950602126  |  | C   | CITY, STATE, ZIP CODE  |                                   |                 | Woodland Hills, CA 91367 |               |                 |          |          |  |
| PHONE NUMBER (831) 600-7710  |  | F   | PHONE NUMBER +1 818-85 |                                   |                 | 355-2                    | 013           |                 |          |          |  |
| CONTACT NAME Miguel Felix  |  |   | C                      | CONTACT NAME                      |                 |                          |               |                 |          |          |  |
|  |  |   | DISTRIBUTOR II         | NFORMATION                        |                 |                          |               |                 |          |          |  |
|  |  |   |                        |                                   |                 |                          |               |                 |          |          |  |
| STATE LICENSE #  |  | C11-0000224-LIC                               |                        | DRIVER'S NAME                     |                 | Angel Rodriguez          |               |                 |          |          |  |
| BUSINESS NAME  |  | Oz Distribution, Inc.                         | C                      | CA DRVR LIC #                     |                 | B9147506                 |               |                 |          |          |  |
| BUSINESS ADDRESS   |  | 195 Harvey West Blvd                          |                        | EHICLE MAKE                       |                 | Ford                     |               |                 |          |          |  |
| CITY, STATE, ZIP CODE  |  | Santa Cruz, CA 950602126                      |                        | VEHICLE MODEL                     |                 | Transit                  |               |                 |          |          |  |
| PHONE NUMBER   |  | (831) 600-7710                                |                        | VEHICLE LIC. PLATE #              |                 | 54269L2                  | 2             |                 |          |          |  |
| CONTAC   | T NAME   | Miguel Felix                                  |                        | ACTUAL DATE AND TIME OF           |                 |                          |               |                 |          |          |  |
|  |  |   | PRODUCT SHIP           | PED DETAILS                       |                 |                          |               |                 |          |          |  |
|  |  | RECEIVE                                       | R COMPLETES ONLY TH    | HE SHADED COLUMNS BELC            | W               |                          |               |                 |          |          |  |
|  |  |   |                        |                                   | OTV             | , OTV 11N1               |               |                 | UNIT     | TOTAL    |  |
| JID  | ITEM NAME  |   |                        |                                   |                 | QTY UN                   |               | TOTAL COST      |          | RETAIL   |  |
|  | D0091] Heavenly Sweet Edible Munchies Chile Lime Crackers 100mg Th |   | ng T⊔C                 |                                   |                 |                          | \$8.00        |                 | VALUE    | VALUE    |  |
| ED0080] Heavenly Sweet Edible Munchies Crine Line Crackers 100mg THC |  |   |                        |                                   |                 | \$8.00                   |               |                 |          |          |  |
| LDOOOOJ  | reaverily oweer Edible   | Muliciles official officiers from             | ig TTIO                |                                   | 20              | 0 .                      | <b>J</b> O.00 | Ψ100.00         |          |          |  |
|  |  |   | PRODUCT R              | EJECTION                          |                 |                          |               |                 |          |          |  |
|  | IF PRODUCT   | S ARE REJECTED PLEASE CIRC                    | CLE THE ITEMS BEING F  | REJECTED IN THE PRODUCT           | SHIP            | PED DETA                 | AILS :        | SECTION ABO     | VE       |          |  |
| REASO  | N FOR RECECTION  |   |                        |                                   |                 |                          |               |                 |          |          |  |
|  |  |   |                        |                                   |                 |                          |               |                 |          |          |  |
|  |  |   | PRODUCT RECEIPT        | CONFIRMATION                      |                 |                          |               |                 |          |          |  |
|  |  | shipment match in weight and cou              |                        |                                   |                 |                          |               |                 |          |          |  |
| _  | ducts circled abbove are   | ns as inicated received above - and remain in |                        | utor for return to the shipper as | indica          | ted in this              | form          | and all attache | d produc | t detail |  |
|  | OF PERSON RECEIVING  | G AND/OR                                      |                        |                                   |                 | HONE<br>UMBER            |               |                 |          |          |  |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT               |  |   |                        |                                   |                 | ATE SIGN                 | IED           |                 |          |          |  |