SALES INVOICE / SHIPPING MANIFEST

		571	LLS II V O	ICD / L			, 1					
INVOICE/MANIFEST # SO7719				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/13/2019 03:32 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		3		STATE LICENSE #		C10-0000258-LIC						
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd		BUSINESS NAME		Satori Wellness					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		1551 Nursery Way Suite B						
				CITY, STATE, ZIP CODE		McKinleyville, CA 95519						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0						
CONTACT NAME Miguel Felix					CONTACT NAME							
			[DISTRIBUTO	R INFORMATION							
STATE LI	ICENSE #	C11-0000224-LIC	_IC		DRIVER'S NAME		Bradley Martinez					
BUSINESS NAME Oz		Oz Distribution, Ir	Oz Distribution, Inc.		CA DRVR LIC #		B9489158					
BUSINESS ADDRESS 1		195 Harvey West	Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE Sai		Santa Cruz, CA 9	50602126		VEHICLE MODEL	Transit						
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #			54269L2				
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME O	F						
					ARRIVAL							
			F	PRODUCT SI	HIPPED DETAILS							
			RECEIVER COMP	LETES ONLY	THE SHADED COLUMNS BEI	LOW						
										UNIT	TOTAL	
						QTY	QTY	UNIT		RETAIL	RETAIL	
UID	D ITEM NAME				C			D OST	TOTAL COST	VALUE	VALUE	
[FL00582]	FL00582] Royal Tree Indoor Flower Sunshine OG Sativa 3.5g					32	2	\$22.00	\$704.00			
CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G				24			\$16.50	\$396.00				
[CT00229	CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g					24	4	\$16.50	\$396.00			
				PRODUC.	Γ REJECTION							
	IF PRODU	CTS ARE REJECTED PL	EASE CIRCLE THE		G REJECTED IN THE PRODUC	CT SHIPE	PED D	ETAILS S	SECTION ABO	VE		
DEACO	NI FOR RECECTION											
REASC	ON FOR RECECTION											
					IPT CONFIRMATION							
		his shipment match in we	•									
	ducts circled abbove a	tems as inicated received are rejected for delivery are			ributor for return to the shipper a	as indicat	ted in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBE	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				DATE SIGNED								