SALES INVOICE / SHIPPING MANIFEST

		571	LLS II VO	ICD / D			, 1					
INVOICE/MANIFEST # SO7100				ACTUAL DATE AND TIME OF DEPARTURE 10/01/2019 07:49 PM								
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		3		STATE LICENSE #		C11-0000326-LIC						
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			IC.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd	d BUSINESS NAME			Mankind Storage Humanity Products Inc					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS	0							
950602126					CITY, STATE, ZIP CODE		0, CA 0					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0						
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	ISTRIBUTO	R INFORMATION							
STATE LICENSE # C11-0000224-LIC			;		DRIVER'S NAME	NAME Brandon			Gumandal			
BUSINESS NAME		Oz Distribution, In	Oz Distribution, Inc.		CA DRVR LIC #		D1309712					
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					
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL	=						
					IIPPED DETAILS THE SHADED COLUMNS BEL		OTV I	INIT		UNIT	TOTAL	
UID	ITEM NAME						QTY L		TOTAL COST		RETAIL	
[FL00319] Royal Tree Indoor Flower Hybrid Banjo 3.5g					64		\$22.00	\$1,408.00		VALUE		
[FL00323] Royal Tree Indoor Flower Hybrid Sundae Driver 3.5g			er 3 5a					\$22.00	\$1,408.00			
[FL00328] Royal Tree Indoor Flower Indica Medcare Kush 3.5g							\$22.00	\$1,408.00				
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PL	EASE CIRCLE THE I		REJECTED IN THE PRODUC	T SHIPF	PED DE	TAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION											
Loopfirm	n that the contents of th	aia ahinmant matah in wa			IPT CONFIRMATION							
l agree	to take custody of all ite	nis shipment match in we ems as inicated received re rejected for delivery ar	above - and which are	e not circled.	ributor for return to the shipper a	as indicat	ted in th	nis form a	and all attache	d product	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBEF	3				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SI	GNED				