		SAL	ES INVO	ICE / S	HIPPING MANI	FES	T						
INVOICE/MANIFEST # SO6738 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 09/09/2019 03:36 PM ESTIMATED DATE AND TIME OF ARRIVAL										
	SHIF	PPER INFORMA	RECEIVER INFORMATION										
STATE LICENSE # C11-0000224					STATE LICENSE #		C10-0	0000142					
TYPE OF LICENSE		License			STATE LICENSE2#								
BUSINESS NAME Oz Distribu		Oz Distribution, Inc.	, Inc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey V			st Blvd BUSINESS NAME			Genesis Marketplace Higher Level of Care Hollister							
CITY, ST	TATE, ZIP CODE	Santa Cruz, CA	CITY, STATE, ZIP C		BUSINESS ADDRESS	1802 Shelton drive							
		950602126			CITY, STATE, ZIP CODE		Hollister, CA 95023						
PHONE	NUMBER	(831) 600-7710	0		PHONE NUMBER								
CONTACT NAME Miguel Felix					CONTACT NAME								
			D	ISTRIBUTOR	INFORMATION								
OT 4 TE 1	IOENOE "	044 0000004110			DDIVEDIO MANE		D	1 0	1-1				
STATE LICENSE #		C11-0000224-LIC			DRIVER'S NAME			Brandon Sumandal					
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #			D1309712					
BUSINESS ADDRESS		195 Harvey West Blv			VEHICLE MAKE VEHICLE MODEL			Ford					
CITY, STATE, ZIP CODE PHONE NUMBER		(831) 600-7710	Cruz, CA 950602126		VEHICLE LIC. PLATE #		Transit 54269L2						
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF		3420	3LZ					
00111710	51 1W WIL	wingadi i diix			ARRIVAL								
UID	ITEM NAME Royal Tree Indoor Flo Royal Tree Hybrid Flo Summit Boys Caviar Summit Boys Refined Summit Boys Scotts				ORD 48 48 10 10 10 10 10 10 10 10 10		\$23.00 \$23.00 \$16.50 \$16.50 \$16.50 \$16.50 \$16.50 \$16.50	\$165.00 \$165.00 \$165.00 \$165.00	VALUE	TOTAL RETAIL VALUE			
		dae Driver Live Resin Cavia hocolate Indica 100mg	ır 1g			1		\$0.01 \$0.01	\$0.01 \$0.01				
REAS	IF PRODUC	CTS ARE REJECTED PLEA		TEMS BEING	REJECTION REJECTED IN THE PRODUCT	Γ SHIPP	PED DI	ETAILS S	SECTION ABO	VE			
I agree	e to take custody of all it roducts circled abbove a	nis shipment match in weigh ems as inicated received ab re rejected for delivery and i	nt and count as indic	cated above. e not circled.	outor for return to the shipper as	s indicate	ed in t	his form a	and all attache	d produc	t detail		
NAME OF PERSON RECEIVING AND/OR					PHONE								
REJEC	CTIONG PRODUCT		NUMBER										

DATE SIGNED

SIGNATURE OF PERSON RECEIVING AND/OR

REJECTING PRODUCT