SALES INVOICE / SHIPPING MANIFEST

NVOICE/MANIFEST # SC	06646	ACTUAL DATE AND TIME OF D	ACTUAL DATE AND TIME OF DEPARTURE 09/04/2019 01:26 PM					
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL					
SH	HIPPER INFORMATION	I	RECEIVE	ER INFOR	RMATION	V		
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #	<u> </u>	C10-0000258	-LIC			
YPE OF LICENSE			#	0.10 0000200	LIO			
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE		Retailer Licen	se			
USINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Satori Wellness				
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRE	SS	1551 Nursery	sery Way Suite B			
950602126		CITY, STATE, ZIP	CODE	McKinleyville, CA 95519				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER		0				
CONTACT NAME Miguel Felix		CONTACT NAME						
		DIOTDIDUTOD INFORMATION						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	TE LICENSE # C11-0000224-LIC		DRIVER'S NAME		Bradley Martinez			
BUSINESS NAME Oz Distribution, Inc.		CA DRVR LIC #		B9489158				
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. PLA	TE#	54269L2				
CONTACT NAME Miguel Felix		ACTUAL DATE AN ARRIVAL	D TIME OF					
		AUCONE						
		PRODUCT SHIPPED DETAILS						
	RECEIVI	ER COMPLETES ONLY THE SHADED COLU	JMNS BELOW					
						UNIT	TOTAL	
			QTY	QTY UNIT		RETAIL	RETAIL	
JID ITEM NAME					TOTAL COST		VALUE	
The Oz Indica Wedding Cake Crumble 1g			20	_				
	Resin Caviar Crumble Sundae Driver	1g	10					
Summit Boys Chem 4 Live Resin Sugar 1g			20					
Summit Boys Skywalker Sauce 1g			20					
CO00164] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz				\$22.00				
CO00165] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz			10	_				
[ED0015] Dollar Dose - lozenge - Indica Apple - 5mg [ED00433] Dollar Dose - lozenge - Sativa Watermelon - 5mg			200					
ED00433 Dollar Dose - lozenge - Gativa Watermelon - Sing			200					
-								
		PRODUCT REJECTION						
IF PRO	DUCTS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE	PRODUCT SHIPE	PED DETAILS S	SECTION ABO	VE		
DE 400N 505 5-2-2-								
REASON FOR RECECTION	N.							
		PRODUCT RECEIPT CONFIRMATION	l					
I confirm that the contents	of this shipment match in weight and co	ount as indicated above.						
,	all items as inicated received above - ar							
The products circled abbove sheet(s).	re are rejected for delivery and remain i	n the custody of the distributor for return to the	e shipper as indica	ted in this form	and all attache	d produc	t detail	
NAME OF DEDOON BEST	TIVING AND/OD			LIONE				
NAME OF PERSON RECE	IVING AND/OK			HONE UMBER				
REJECTIONG PRODUCT SIGNATURE OF PERSON	PECEIVING AND/OP			ATE SIGNED				
DIGINATURE OF PERSON	INLULIVING AND/OR		D	ALL SIGNED				

REJECTING PRODUCT