## SALES INVOICE / SHIPPING MANIFEST

		SAI	LES INVO	ICE / S	HIPPING MAN	ILES	1						
INVOICE/MANIFEST # SO7529 AC				ACTUAL D	CTUAL DATE AND TIME OF DEPARTURE 10/30/2019 03:36 PM								
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000138-LIC						
TYPE OF LICENSE License				STATE LICENSE2#									
BUSINESS NAME Oz Distribution, Ir			nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		Elevation 2477						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		569 Searls Ave							
				CITY, STATE, ZIP CODE		Nevada City, CA 95959							
		(831) 600-7710			PHONE NUMBER		(530) 264-7684						
CONTACT NAME Miguel Felix			CONTACT		CONTACT NAME								
			D	DISTRIBUTOR	RINFORMATION								
CTATE LI	CENCE #	C14 0000224 LIC			DDIVED'S NAME		۸۵۵	al Dadriau	0.7				
		C11-0000224-LIC Oz Distribution, Inc			DRIVER'S NAME CA DRVR LIC #			Angel Rodriguez B9147506					
		195 Harvey West			VEHICLE MAKE	Ford							
-		Santa Cruz, CA 95			VEHICLE MODEL		Transit						
		(831) 600-7710	30002120		VEHICLE LIC. PLATE #	54269L2							
,		Miguel Felix			ACTUAL DATE AND TIME OF								
		3			ARRIVAL								
					IIPPED DETAILS THE SHADED COLUMNS BEL	OW							
UID	ITEM NAME							UNIT 'IDOST	TOTAL COST		TOTAL RETAIL VALUE		
[FL00588]	L00588] Royal Tree Indoor Flower Super Glue Sativa 3.5g		.5g					\$22.00	\$2,816.00				
FL00582] Royal Tree Indoor Flower Sunshine OG Sativa 3.5g							\$22.00	\$1,408.00					
	Royal Tree Shelf Support							-\$23.00	-\$46.00				
				PRODUCT	REJECTION								
	IF PRODUCTS	S ARE REJECTED PL	EASE CIRCLE THE I		REJECTED IN THE PRODUC	T SHIPF	PED D	DETAILS S	SECTION ABO	VE			
REASO	N FOR RECECTION												
l confirm	n that the contents of this	shipment match in wei			PT CONFIRMATION								
I agree	to take custody of all items ducts circled abbove are r	s as inicated received	above - and which are	e not circled.	ibutor for return to the shipper a	s indicat	ted in	this form	and all attache	d product	t detail		
NAME OF PERSON RECEIVING AND/OR					PHONE								
REJECTIONG PRODUCT					NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED								