## SALES INVOICE / SHIPPING MANIFEST

		571.	LLS II ( O	ICD / D			, 1					
INVOICE/MANIFEST # SO7007			ACTUAL DATE AND TIME OF DEPARTURE 09/24/2019 02:53 PM									
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LI		3		STATE LICENSE #		C10-0000549-LIC						
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc			C.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West E		Blvd		BUSINESS NAME		Greenwolf LA						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126					BUSINESS ADDRESS	2950 Los Feliz Blvd #100						
					CITY, STATE, ZIP CODE		Los Angeles, CA 90039					
PHONE NUMBER (831) 600-7710					PHONE NUMBER		0					
CONTACT NAME Miguel Felix					CONTACT NAME	CONTACT NAME						
			D	ISTRIBUTO	RINFORMATION							
STATE LICENSE # C11-0000224-LIC			;		DRIVER'S NAME	Angel Rodrig			uez			
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B9147506					
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	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	=						
					HIPPED DETAILS THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME						QTY		TOTAL COST		TOTAL RETAIL VALUE	
[ED0015]	:D0015] Dollar Dose - lozenge - Indica Apple - 5mg							\$0.50	\$50.00			
[ED00432] Dollar Dose - lozenge - Sativa Hibiscus - 5mg						100	0	\$0.50	\$50.00			
ED0015] Dollar Dose - lozenge - Indica Rootbeer - 5mg						100	0	\$0.50	\$50.00			
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPI	PED D	ETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION											
			PROI	DUCT RECE	IPT CONFIRMATION							
I confirm	n that the contents of th	nis shipment match in wei	ight and count as indic	cated above.								
	ducts circled abbove a	ems as inicated received re rejected for delivery an			ributor for return to the shipper a	s indica	ted in	this form a	and all attached	d product	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBE	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED				