## SALES INVOICE / SHIPPING MANIFEST

INVOICE	/MANIFEST #	SO6588	ACTUAL DATE AND TIME OF DEPARTURE	09/03/2019 08	2·37 Δ	M		
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL					
	5	SHIPPER INFORMATION	RECE	RECEIVER INFORMATION				
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	STATE LICENSE #	C10-00	C10-0000494-LIC			
	LICENSE	License	STATE LICENSE2 #					
BUSINESS NAME Oz Distribution, Inc.		Oz Distribution, Inc.	TYPE OF LICENSE	Retaile	r Licer	ise		
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME	Mankin	d Can	nabis		
CITY, STATE, ZIP CODE Santa Cruz, CA		Santa Cruz, CA	BUSINESS ADDRESS	7128 N	lirama	r rd.		
950602126		950602126	CITY, STATE, ZIP CODE	San Die	ego, C	A 92121		
PHONE NUMBER (831) 600-7710			PHONE NUMBER		858-220-2503			
CONTACT NAME Miguel Felix			CONTACT NAME					
			DISTRIBUTOR INFORMATION					
STATE LICENSE #		C11-0000224-LIC	DRIVER'S NAME	Brando	Brandon Sumandal			
BUSINESS NAME O		Oz Distribution, Inc.	CA DRVR LIC #	D13097	D1309712			
BUSINESS ADDRESS 195 Harve		195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford			
CITY, STATE, ZIP CODE Santa Cru		Santa Cruz, CA 950602126	VEHICLE MODEL	Transit	Transit			
PHONE NUMBER (831) 600-77		(831) 600-7710	VEHICLE LIC. PLATE #	54269L	54269L2			
CONTAC	TNAME	Miguel Felix	ACTUAL DATE AND TIME OF					
			ARRIVAL					
			PRODUCT SHIPPED DETAILS					
		RECEIVER C	COMPLETES ONLY THE SHADED COLUMNS BELO	W				
							UNIT	TOTAL
				QTY QTY UI	NIT			RETAIL
UID	ITEM NAME			ORD REC'ID		TOTAL COST		
Summit Boys Caviar Crumble Banjo Glue 1g					\$16.00			
Summit Boys Caviar Sugar Cali Girl 1g				15	\$25.00	\$375.00		
			PRODUCT REJECTION					
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE								
REASC	ON FOR RECEC	TION						
			DDODLICT DECEIDT CONFIDMATION					
Loonfire	m that the conten	nts of this shipment match in weight and count a	PRODUCT RECEIPT CONFIRMATION					
		of all items as inicated received above - and wh						
_	oducts circled abl		e custody of the distributor for return to the shipper as	indicated in this	s form	and all attache	d produc	t detail
NAME	OF PERSON RE	ECEIVING AND/OR		PHONE				
REJECTIONG PRODUCT				NUMBER				
SIGNATURE OF PERSON RECEIVING AND/OR				DATE SIG	NED			
REJEC	TING PRODUCT	I						