SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7413				ACTUAL DATE AND TIME OF DEPARTURE 10/24/2019 04:14 PM						
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION				RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC					STATE LICENSE # C10-18-000			1612		
			License		STATE LICENSE2 #			0012		
BUSINESS NAME Oz Distribution, Inc.		nc			Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Plantacea			
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS	1717 Fremont Blvd Suite B				
		950602126		CITY, STATE, ZIP CODE		Seaside, CA 93955				
PHONE NUMBER		(831) 600-7710	600-7710		PHONE NUMBER		0			
CONTACT NAME Miguel Felix					CONTACT NAME					
			С	DISTRIBUTOR	INFORMATION					
STATE LICENSE #			C11-0000224-LIC		DRIVER'S NAME		Karl Jacobson			
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		G69L2K			
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford			
CITY, STATE, ZIP CODE PHONE NUMBER		Santa Cruz, CA 950602126 (831) 600-7710			VEHICLE MODEL VEHICLE LIC. PLATE #		Transit 54269L2			
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF		34209L2			
CONTACT	INAME	Iviiguei i elix			ARRIVAL					
					IPPED DETAILS THE SHADED COLUMNS BELO		QTY UNIT		UNIT RETAII	TOTAL RETAIL
UID	ITEM NAME							TOTAL COST		
[CT00208] Summit Boys Caviar Crumble Gelato 1g						12				
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G						12	\$17.50	\$210.00		
[CT00117] Summit Boys Chem 4 Live Resin Sugar 1g						12	\$14.00	\$168.00		
[ED00017] Dollar Dose - lozenge - Sativa Hibiscus - 5mg						200	\$0.50	\$100.00		
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg					200 \$(\$100.00		
[ED00118] Dollar Dose - lozenge - Indica Apple - 5mg						200	\$0.50	\$100.00		
					REJECTION					
	IF PRODUC	IS ARE REJECTED P	LEASE CIRCLE THE	ITEMS BEING	REJECTED IN THE PRODUCT	SHIPP	ED DETAILS :	SECTION ABO	VE	
REASO	N FOR RECECTION									
			PRO	DUCT RECEI	PT CONFIRMATION					
I confirm	that the contents of this	s shipment match in we	eight and count as indi	icated above.						
	to take custody of all iter									
The proc sheet(s)		e rejected for delivery a	nd remain in the custo	ody of the distri	butor for return to the shipper as	indicate	ed in this form	and all attached	d produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED			