SALES INVOICE / SHIPPING MANIFEST

SHIPPER INFORMATION		
### STATE LICENSE # C11-0000224-LIC STATE LICENSE # C10-0000467-LIC C10-000046		
### C11-000024-LIC STATE LICENSE # C10-0000467-LIC TYPE OF LICENSE License STATE LICENSE # ### C10-0000467-LIC TYPE OF LICENSE License STATE LICENSE # ### C10-0000467-LIC ### C10-000047-LIC ### C		
### C11-0000244-LIC STATE LICENSE # C10-000467-LIC ### C10-000467-LIC STATE LICENSE # C10-000467-LIC ### C10-000467-LIC STATE LICENSE # ### C10-000467-LIC ### C10-		
TYPE OF LICENSE		
BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Blavd BUSINESS NAME Green Door Redding cookies CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 CITY, STATE, ZIP CODE Redding, CA 96002 PHONE NUMBER (831) 600-7710 PHONE NUMBER H 1 530-605-0120 CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC BUSINESS NAME Oz Distribution, Inc. CA DRIVER'S NAME BUSINESS NAME Oz Distribution, Inc. CA DRIVER'S NAME BUSINESS ADDRESS 195 Harvey West Blvd VEHICLE MAKE Ford CTITY, STATE, ZIP CODE Santa Cruz, CA 95002226 VEHICLE MAKE PHONE NUMBER (831) 600-7710 VEHICLE LIC. PLATE # 54269L2 CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW TOTAL VALUE LIDID ITEM NAME CONTACT NAME PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW PRODUCT REJECTION IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE REASON FOR RECECTION IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE REASON FOR RECECTION PRODUCT RECEIPT CONFIRMATION		
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PRODUCT RECEIPT CONFIRMATION		
I confirm that the contents of this shipment match in weight and count as indicated above.		
I agree to take custody of all items as inicated received above - and which are not circled.		
The products circled abbove are rejected for delivery and remain in the custody of the distributor for return to the shipper as indicated in this form and all attached produsheet(s).	ıct detail	
NAME OF PERSON REGENUNG AND/OR		
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT PHONE NUMBER		
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT DATE SIGNED		