SALES INVOICE / SHIPPING MANIFEST

SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC STATE LICENSE # C10-18-0000 TYPE OF LICENSE License STATE LICENSE Retailer License BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS ADDRESS 94 Laurel Mr. CITY, STATE, ZIP CODE SAITA CRUZ, CA BUSINESS ADDRESS 94 Laurel Mr. CITY, STATE, ZIP CODE Mammoth Lai PHONE NUMBER (831) 600-7710 PHONE NUMBER 760-934-5400 CONTACT NAME Miguel Felix CONTACT NAME DISTRIBUTOR INFORMATION DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DRIVER'S NAME BY SHAPPEN DETAILS CONTACT NAME Miguel Felix ACTUAL DATE AND TIME OF ARRIVAL PRODUCT SHIPPED DETAILS RECEIVER COMPLETES ONLY THE SHAPED COLUMNS BELOW UID ITEM NAME OR SHAPPEN													
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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 sheet(s).	The pro	oducts circled abbo					indicate	ed in t	his form a	and all attache	d produc	t detail	
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REJECTING PRODUCT