SALES INVOICE / SHIPPING MANIFEST

SHIPPER INFORMATION STATE LICENSE # C11-0000224-LIC S' TYPE OF LICENSE License S' BUSINESS NAME Oz Distribution, Inc. T' BUSINESS ADDRESS 195 Harvey West Blvd Bl CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 C PHONE NUMBER (831) 600-7710 PI CONTACT NAME Miguel Felix C DISTRIBUTOR IN STATE LICENSE # C11-0000224-LIC D BUSINESS NAME Oz Distribution, Inc. C. BUSINESS ADDRESS 195 Harvey West Blvd VI DISTRIBUTOR IN STATE LICENSE # C11-0000224-LIC D BUSINESS NAME Oz Distribution, Inc. C. BUSINESS ADDRESS 195 Harvey West Blvd VI	TATE LICENSE # TATE LICENSE2 # YPE OF LICENSE USINESS NAME USINESS ADDRESS ITY, STATE, ZIP CODE HONE NUMBER ONTACT NAME	VEF M R O 19	R INFOF 19-17-000000 etailer Licens hana Garder 98 Opportuni acramento, C	RMATION 04-TEMP see ns ty St	N					
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CITY STATE ZIP CODE Santa Cruz CA 950602126	EHICLE MAKE Ford									
off 1, off the code of the cod	VEHICLE MODEL Transit									
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0	ACTUAL DATE AND TIME OF ARRIVAL									
PRODUCT SHIPF RECEIVER COMPLETES ONLY TH										
UID ITEM NAME			TY UNIT EC'IDOST	TOTAL COST		TOTAL RETAIL VALUE				
[CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz		30	\$33.00	\$990.00						
[CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz		15	\$22.00	\$330.00						
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg		300	\$0.50	\$150.00						
[ED00118] Dollar Dose - lozenge - Indica Apple - 5mg		300	\$0.50	\$150.00						
PRODUCT RE										
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING R	EJECTED IN THE PRODUCT SH	IIPPE	D DETAILS S	SECTION ABO	VE					
REASON FOR RECECTION										
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 distribusheet(s).	tor for return to the shipper as ind	icated	in this form a	and all attache	d product	detail				
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT	PHONE NUMBER									
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT		DATE	E SIGNED							