SALES INVOICE / SHIPPING MANIFEST

		571	LLD II (O	ICL / D			1				
INVOICE/MANIFEST # SO7719 AG				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 11/13/2019 03:48 PM						
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LI	CENSE #	C11-0000224-LI0	2		STATE LICENSE #		C10-0000258	-LIC			
TYPE OF	PE OF LICENSE License				STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License				
BUSINES	BUSINESS ADDRESS 195 Harvey West Blvd				BUSINESS NAME		Satori Wellne	SS			
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		1551 Nursery Way Suite B					
				CITY, STATE, ZIP CODE		McKinleyville, CA 95519					
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0					
CONTACT NAME Miguel Felix					CONTACT NAME						
			D	ISTRIBUTOF	R INFORMATION						
QTATE I I	CENSE #	C11-0000224-LI0	2		DRIVER'S NAME		Bradley Marti	207			
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9489158				
BUSINESS ADDRESS			195 Harvey West Blvd				Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126					Transit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE # 54269L2						
CONTAC		Miguel Felix			ACTUAL DATE AND TIME OF						
					ARRIVAL						
			P	RODUCT SH	IIPPED DETAILS						
			RECEIVER COMPL	ETES ONLY	THE SHADED COLUMNS BEL	.OW					
									UNIT	TOTAL	
						QTY	QTY UNIT		RETAIL	RETAIL	
UID ITEM NAME					ORD	REC'IDOST	TOTAL COST	VALUE	VALUE		
[FL00582] Royal Tree Indoor Flower Sunshine OG Sativa 3.5g						32	\$22.00	\$704.00			
CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G					24	\$16.50	\$396.00				
CT00229] Summit Boys Caviar Crumble Forbidden Sunset 1g						24	\$16.50	\$396.00			
				PRODUCT	REJECTION						
	IF PRODU	CTS ARE REJECTED P	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPP	ED DETAILS :	SECTION ABO	VE		
REASC	N FOR RECECTION										
			PROI	OLICT RECE	PT CONFIRMATION						
I confirm	n that the contents of the	his shipment match in we									
I agree	to take custody of all it ducts circled abbove a	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	as indicate	ed in this form	and all attache	d product	t detail	
						_					
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED				