SALES INVOICE / SHIPPING MANIFEST

INVOICE	MANIFEST # SO626	6	ACTUAL DATE AND TIME OF DEPARTI	IRE 08/1	4/201¢	0 02·41 PI	M			
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRI		7/2010	02.4111	VI			
	SHIP	PER INFORMATION	RE	RECEIVER INFORMATION						
STATE LICENSE # C11-0000224-LIC		C11-0000224-LIC	STATE LICENSE #		M10-17-0000119-TEMP					
TYPE OF LICENSE License		License	STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd		BUSINESS NAME		Sonoma Patient Group						
CITY, STATE, ZIP CODE Santa Cruz, CA		Santa Cruz, CA	BUSINESS ADDRESS		2425 Cleveland Ave #175					
950602126 PHONE NUMBER (831) 600-7710		950602126	CITY, STATE, ZIP CODE		Santa Rosa, CA 95403 707-526-2800					
		(831) 600-7710	PHONE NUMBER							
CONTACT NAME Miguel Felix			CONTACT NAME							
			DISTRIBUTOR INFORMATION							
STATE LICENSE # C11-0000224-LIC		DRIVER'S NAME		Rodel Jardeleza						
BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #		B82636677					
BUSINESS ADDRESS		195 Harvey West Blvd	VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126	VEHICLE MODEL		Transit					
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 BE	LOW						
								UNIT	TOTAL	
					' QTY				RETAIL	
JID	ITEM NAME						TOTAL COST		VALUE	
		ocolate Sativa Blueberry 100mg			5	\$0.01				
	S-Dreamers Edible Ch	ocolate Hybrid Caramel Macchiato 1	00mg		8	\$0.01	\$0.08			
			PRODUCT REJECTION							
	IF PRODUC	TS ARE REJECTED PLEASE CIRC	E THE ITEMS BEING REJECTED IN THE PRODU	JCT SHIP	PED D	DETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION									
			PRODUCT RECEIPT CONFIRMATION							
I confirm	n that the contents of thi	s shipment match in weight and cou								
		ms as inicated received above - and								
The pro		e rejected for delivery and remain in	ne custody of the distributor for return to the shipper	r as indica	ited in	this form	and all attache	d produc	t detail	
NAME (OF PERSON RECEIVIN	IG AND/OR		Р	HONE	<u> </u>				
REJECTIONG PRODUCT					IUMBE					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT				D	ATE S	SIGNED				