SALES INVOICE / SHIPPING MANIFEST

		SAL	ES INVO	ICE / S	HIPPING MAN	IFES	1					
INVOICE/MANIFEST # SO6350				ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 09:41 AM								
ATTACH	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
	SHIP	PER INFORMAT	ΓΙΟΝ		REC	CEIVE	R INFO)R	MATION	1		
STATE LICENSE # C11-0000224-LIC					STATE LICENSE #		A10-18-0000098-TEMP					
TYPE OF LICENSE License					STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.			<u>. </u>		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Super Clinik Yale					
CITY, ST	TATE, ZIP CODE	Santa Cruz, CA			BUSINESS ADDRESS 2110 Yale ST S							
950602126					CITY, STATE, ZIP CODE	Santa Ana, CA 92704						
PHONE NUMBER (831) 600-7710					PHONE NUMBER		(714) 717-9896					
CONTAC	CT NAME	Miguel Felix			CONTACT NAME							
			D	ISTRIBUTOF	INFORMATION							
		C11-0000224-LIC	1-0000224-LIC		DRIVER'S NAME		Brandon Sumandal					
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		D1309712					
	SS ADDRESS	195 Harvey West Blv						Ford				
	TATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit					
	NUMBER	(831) 600-7710						54269L2				
CONTAC	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL	-						
		R			IPPED DETAILS THE SHADED COLUMNS BEL	LOW						
						OTV	QTY UNIT			UNIT	TOTAL RETAIL	
UID ITEM NAME						REC'IDOST		OTAL COST				
Kanebes Hybrid Flower Alien R		er Alien Rock 1a SMALLS				50			\$175.00	VALUE	VALUE	
Kannebes Indica Flower Black Berry Kush 1g smalls			alls				\$3.		\$175.00			
Kanebes Sativa Flower Sled Dawg 1g SMALLS							\$3.		\$175.00			
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PLEA	SE CIRCLE THE I		REJECTED IN THE PRODUC	T SHIPP	ED DETAIL	S SE	ECTION ABO	VΕ		
REAS	ON FOR RECECTION											
1127101	ON TONNESSES TON											
					PT CONFIRMATION							
		is shipment match in weight										
_	oducts circled abbove ar	ems as inicated received about the rejected for delivery and r			ibutor for return to the shipper a	as indicate	ed in this for	rm aı	nd all attached	d product	detail	
NAME	OF PERSON PECELVIN	NG AND/OP				DI	HONE					
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER									
SIGNATURE OF PERSON RECEIVING AND/OR			DATE SIGNED									

REJECTING PRODUCT