SALES INVOICE / SHIPPING MANIFEST

INIVOLOGINAANUSSOT "	0.40	ACTUAL DATE AND THE OF DEDATE :	0/47/0040 05 40 5			
INVOICE/MANIFEST # SO7346 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DEPARTURE 1 ESTIMATED DATE AND TIME OF ARRIVAL	0/17/2019 05:12 P	M		
ATTACHED PAGES NO		ESTIMATED DATE AND TIME OF ARRIVAL				
SHII	PPER INFORMATION	RECE	RECEIVER INFORMATION			
STATE LICENSE # C11-0000224-LIC		STATE LICENSE #	C9-0000259-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #	00 0000200			
BUSINESS NAME	Oz Distribution, Inc.		TYPE OF LICENSE Retailer License BUSINESS NAME Fresh Mint			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710		BUSINESS ADDRESS	808 Franklin Street Suite B			
		CITY, STATE, ZIP CODE	Oakland, CA 0			
		PHONE NUMBER	5106925365			
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 9506021			VEHICLE MODEL Transit VEHICLE LIC. PLATE # 54269L2			
PHONE NUMBER (831) 600-7710						
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF				
		ARRIVAL				
		PRODUCT SHIPPED DETAILS				
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BELOW				
				UNI	T TOTAL	
			TINU YTQ YTQ		AIL RETAIL	
UID ITEM NAME			ORD REC'IDOST	TOTAL COST VAL		
[FL00538] Kanebes Indica Flower Wedding Cake 3.5g			96 \$12.00			
-						
		PRODUCT REJECTION				
IF PRODU	JCTS ARE REJECTED PLEASE CIR	CLE THE ITEMS BEING REJECTED IN THE PRODUCT SI	HIPPED DETAILS	SECTION ABOVE		
REASON FOR RECECTION						
		PRODUCT RECEIPT CONFIRMATION				
I confirm that the contents of	this shipment match in weight and co	int as indicated above.				
I agree to take custody of all i	items as inicated received above - an	I which are not circled.				
The products circled abbove a sheet(s).	are rejected for delivery and remain ir	the custody of the distributor for return to the shipper as inc	dicated in this form	and all attached pro	duct detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER			
SIGNATURE OF PERSON RECEIVING AND/OR			DATE SIGNED			
REJECTING PRODUCT						