## SALES INVOICE / SHIPPING MANIFEST

INVOICEMANIFEST # \$ \$66335  ATTACHED PAGES No ESTIMATED DATE AND TIME OF DEPARTURE 08/29/2019 04-12 PM  SHIPPER INFORMATION  RECEIVER INFORMATION  STATE LICENSE # C11-0000224-LIC STATE LICENSE # M10-18-0000363-TEMP  TYPE OF LICENSE License STATE LICENSE # M10-18-0000363-TEMP  TYPE OF LICENSE NAME OZ DISTRIBUTION, Inc.  BUSINESS NAME OZ DISTRIBUTION, Inc.  BUSINESS ADDRESS 195 Harvey West Bivd BUSINESS NAME Natural Healing Center  CITY, STATE, ZIP CODE Santa Cruz, CA BUSINESS ADDRESS 998 huston street  9506002126 CITY, STATE, ZIP CODE grover beach, CA O O  PHONE NUMBER (831) 600-7710 PHONE NUMBER (805) 201-1498  CONTACT NAME Miguel Felix CONTACT NAME  DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS BUSINESS NAME OZ DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS POR BUSINESS NAME OZ DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS POR BUSINESS NAME OZ DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS POR BUSINESS NAME OZ DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS POR BUSINESS NAME OZ DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS POR BUSINESS NAME POR BUSINESS NAME OZ DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS POR BUSINESS NAME POR BUSINESS NAME POR BUSINESS NAME OZ DISTRIBUTOR INFORMATION  STATE LICENSE # C11-0000224-LIC DRIVER'S NAME ROBERS POR BUSINESS NAME POR BUSI	
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IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE	
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 distributor for return to the shipper as indicated in this form and all attached product sheet(s).	duct detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT PHONE NUMBER	
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT  DATE SIGNED	