SALES INVOICE / SHIPPING MANIFEST

BUSINESS NAME Oz Distribution, Inc. TYPE OF LICENSE Retailer License BUSINESS ADDRESS 195 Harvey West Blvd BUSINESS NAME Mount Shasta Patient Collective BUSINESS NAME BUSINESS ADDRESS 408 S Mt. Shasta Blvd CITY, STATE, ZIP CODE Mt. Shasta, CA 96067 PHONE NUMBER (831) 600-7710 PHONE NUMBER CONTACT NAME DISTRIBUTOR INFORMATION STATE LICENSE # C11-0000224-LIC DZ Distribution, Inc. DRIVER'S NAME Bradley Martinez BUSINESS NAME B9489158			SAI	LES INVO	JICE / S	HIPPING MAN	IFES	51				
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