## SALES INVOICE / SHIPPING MANIFEST

INIVOICE	MANIFEST # SO6585		ACTUAL	DATE AND TIME OF DEDARTIBE	00/04	/2010 01:48 [	DM		
INVOICE/MANIFEST # SO6585 ATTACHED PAGES No				ACTUAL DATE AND TIME OF DEPARTURE 09/04/2019 01:48 PM ESTIMATED DATE AND TIME OF ARRIVAL					
	SHIPF	PER INFORMATION	I	RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-L		C11-0000224-LIC	STATE LICENSE #			C10-000030	7-LIC		
TYPE OF	LICENSE	License		STATE LICENSE2 #					
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE		Retailer Lice	ense			
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME		Foothill Health and Wellness				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS		3830 Dividend Dr Suite A				
950602126			CITY, STATE, ZIP CODE		Shingle Springs, CA 95382				
PHONE NUMBER (831) 600-7710			PHONE NUMBER		530-676-4532				
CONTACT NAME Miguel Felix				CONTACT NAME					
			DISTRIBUT	OR INFORMATION					
STATEL	ICENSE #	C11-0000224-LIC		DRIVER'S NAME		Bradley Mar	tinez		
		Oz Distribution, Inc.		CA DRVR LIC #		B9489158			
BUSINESS ADDRESS		195 Harvey West Blvd		VEHICLE MAKE		Ford			
		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					
		RECEIVE	ER COMPLETES ON	LY THE SHADED COLUMNS BELO	W				
								UNIT	TOTAL
						QTY UNIT			RETAIL
UID	ITEM NAME	. 00.4				REC'IDOST	TOTAL COST		VALUE
Elite Hybrid Preroll Alien OG 1g  Elite Hybrid Preroll El Cucuy 1g					50				
	Elite Hybrid Preroll El C	ucuy 1g			50	\$4.0	\$200.00		
			PRODU	CT REJECTION					
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION								VE	
REASO	ON FOR RECECTION								
			PRODUCT REG	CEIPT CONFIRMATION					
		s shipment match in weight and co							
	oducts circled abbove are	ns as inicated received above - an rejected for delivery and remain in		ed. distributor for return to the shipper as	indicat	ed in this forn	n and all attache	ed produc	t detail
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT						HONE JMBER			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						ATE SIGNED			