SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO7912		ACTUAL DATE AND TIME OF DEPARTUR	ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:10 PM	
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		
SHIPPER INFORMATION		REC	RECEIVER INFORMATION	
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000104-LIC	
TYPE OF LICENSE	License	STATE LICENSE #	C10-0000104-L1C	
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer License	
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Herbal Pain Relief Center HPRC	
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	10736 Sepulveda Blvd	
0.1.1, 0.7.1.2, 2 0052	950602126	CITY, STATE, ZIP CODE	Mission Hills, CA 91345	
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	818-639-6027 Suro or Amani	
CONTACT NAME	Miguel Felix	CONTACT NAME		
	, ,			
		DISTRIBUTOR INFORMATION		
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Angel Rodriguez	
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B9147506	
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	
CITY, STATE, ZIP CODE	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	R COMPLETES ONLY THE SHADED COLUMNS BEL	OW	
			UNIT TOTAL	
			QTY QTY UNIT RETAIL RETAIL	
UID ITEM NAME			ORD REC'IDOST TOTAL COST VALUE VALUE	
[CT00170] The Oz Indica Cruml	ole Purple Punch 1g		84 \$0.01 \$0.84	
		PRODUCT REJECTION		
IF PRODU	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRODUC	T SHIPPED DETAILS SECTION ABOVE	
REASON FOR RECECTION				
		PRODUCT RECEIPT CONFIRMATION		
	his shipment match in weight and cou			
·	tems as inicated received above - and are rejected for delivery and remain in	the custody of the distributor for return to the shipper a	s indicated in this form and all attached product detail	
NAME OF PERSON RECEIV	ING AND/OR		PHONE	
REJECTIONG PRODUCT			NUMBER	
SIGNATURE OF PERSON R REJECTING PRODUCT	ECEIVING AND/OR		DATE SIGNED	