## SALES INVOICE / SHIPPING MANIFEST

		5711		ICL / D			, 1					
INVOICE/MANIFEST # SO7263			ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/16/2019 03:58 PM								
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC					STATE LICENSE #		C10-0	0000213-	·LIC			
	TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc		).		TYPE OF LICENSE		Retai	ler Licens	se				
BUSINESS ADDRESS 195 Harvey West BI		Blvd		BUSINESS NAME		THCSD						
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		3703 CAMINO DEL RIO ST						
				CITY, STATE, ZIP CODE		San Diego, CA 92108						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		(240) 833-1392						
CONTACT NAME Miguel Felix				CONTACT NAME								
			DI	ISTRIBUTOF	RINFORMATION							
STATE LICENSE # C11-0000224-LI		C11-0000224-LIC			DRIVER'S NAME	Brandon Sum			andal			
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		D1309712					
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL Transit			sit				
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE # 54269L2			9L2				
CONTAC	T NAME	Miguel Felix	Miguel Felix		ACTUAL DATE AND TIME OF							
					ARRIVAL							
			PI	RODUCT SH	IPPED DETAILS							
			RECEIVER COMPLI	ETES ONLY	THE SHADED COLUMNS BEL	_OW						
UID	ITEM NAME						QTY REC'		TOTAL COST		TOTAL RETAIL VALUE	
Sticky Icky Indoor Flower Hybrid Animal Pie 3		wer Hybrid Animal Pie 3.5	3.5g			64	1	\$29.00	\$1,856.00			
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G			G				6	\$17.50	\$630.00			
[CT00208	CT00208] Summit Boys Caviar Crumble Gelato 1g					C	)	\$17.50	\$0.00			
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PLE	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	CT SHIPF	PED DI	ETAILS S	SECTION ABO	VE		
REASC	ON FOR RECECTION											
			PROD	DUCT RECEI	PT CONFIRMATION							
I confir	m that the contents of th	is shipment match in weig	ght and count as indic	cated above.								
	oducts circled abbove a	ems as inicated received a re rejected for delivery and			ibutor for return to the shipper a	as indicat	ted in t	his form a	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT							UMBEI					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED							