SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6865				ACTUAL DATE AND TIME OF DEPARTURE 09/16/2019 06:08 AM							
ATTACH	ED PAGES No			ESTIMATE	D DATE AND TIME OF ARRIVAL	-					
	SHIPF	PER INFORM	ATION		REC	EIVE	ER INFOI	RMATION	١		
STATE LICENSE # C11-0000224-LIC		C		STATE LICENSE #		C10-0000117-LIC					
	LICENSE	License			STATE LICENSE2 #						
BUSINESS NAME Oz Distribution, Ir		IC.		TYPE OF LICENSE		Retailer Licen	se				
BUSINESS ADDRESS 195 Harvey West Blv		Blvd		BUSINESS NAME		White Fire					
		Santa Cruz, CA			BUSINESS ADDRESS		111 Old Tully Road				
		950602126	950602126		CITY, STATE, ZIP CODE		San Jose, CA 95111				
PHONE NUMBER (831) 600-		(831) 600-7710)		PHONE NUMBER		510.904.8236				
CONTACT NAME		Miguel Felix			CONTACT NAME						
			D	ISTRIBUTOF	R INFORMATION						
STATE L	ICENSE #	C11-0000224-LIC	C11-0000224-LIC		DRIVER'S NAME		Bradley Martinez				
BUSINESS NAME		Oz Distribution, In	Oz Distribution, Inc.		CA DRVR LIC #		B9489158				
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 95	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 60		(831) 600-7710			VEHICLE LIC. PLATE #	54269L2					
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
					IIPPED DETAILS THE SHADED COLUMNS BELC	DW .					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
S - Heavenly Sweet Edible Treats Fruity 100mg THC		g THC	n 100mg THC		10	0 \$0.01	\$0.10				
S - Heavenly Sweet Edible Treats Cookies & Cream 100mg TH0					•	10	0 \$0.01	\$0.10			
S - Heavenly Sweet Edible Treats Berry Crunch 100mg THC			•			10	0 \$0.01	\$0.10			
	S - Heavenly Sweet Ed	ible Treats Classic 100r	mg THC				5 \$0.01	\$0.05			
				PRODUCT	REJECTION						
	IF PRODUCT	S ARE REJECTED PL	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUCT	SHIP	PED DETAILS :	SECTION ABO	VE		
REASC	ON FOR RECECTION										
			PROE	DUCT RECE	PT CONFIRMATION						
I confir	m that the contents of this	shipment match in wei									
_					ributor for return to the shipper as	indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIGNED				