		SA	LES INV	OICE /	SHIPPING MAN	IIFES	01					
INVOICE/MANIFEST # SO6949				ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/19/2019 08:44 AM							
ATTACI	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
	SHIP	PER INFORM	IATION		RE	CEIVE	ER INFOI	RMATIO	V			
STATE LICENSE # C11-0000224-LIC					STATE LICENSE #			C10-0000399-LIC				
TYPE OF LICENSE		License			STATE LICENSE2 #							
		Oz Distribution, I	Inc.		TYPE OF LICENSE		Retailer License					
		195 Harvey Wes			BUSINESS NAME		LA Kush East					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710			•		BUSINESS ADDRESS	SS 5470 Valley Blvd						
					CITY, STATE, ZIP CODE		Los Angeles, CA 90032					
				PHONE NUMBER (323) 342-9110								
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUTO	OR INFORMATION							
STATE LICENSE # C11-0000224-LIC			2		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 # 54269I							
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL							
			RECEIVER CO	MPLETES ONL	Y THE SHADED COLUMNS BE	LOW						
						OTV	QTY UNIT		UNIT	TOTAL RETAIL		
JID	ITEM NAME						RECIDOST	TOTAL COST				
,,,,,	Summit Boys Caviar Crumble OG Kush 1g					40				VALUE		
	Summit Boys Refined Crumble True OG 1g					40						
		Summit Boys Caviar Crumble Gorilla OG 1g				40						
S -Summit Boys Caviar Crumble OG Kush S-Summit Boys Refined Crumble True OG		-	•				2 \$0.01					
							2 \$0.01					
	S -Summit Boys Caviar Crumble Gorilla OG 1g					2 \$0.01		2				
				PRODUC	CT REJECTION							
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE T	HE ITEMS BEI	NG REJECTED IN THE PRODU	CT SHIPI	PED DETAILS	SECTION ABO	VE			
REAS	ON FOR RECECTION											
			P	RODUCT REC	EIPT CONFIRMATION							
I agre		ems as inicated received	l above - and whic	h are not circle		as indica	ted in this form	and all attache	ed produc	t detail		
	OF DEDOCAL DEGE: ""	NO AND/OD					LIONE					
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER					
SIGN	ATURE OF PERSON RE	CEIVING AND/OR				D	ATE SIGNED					

REJECTING PRODUCT