## SALES INVOICE / SHIPPING MANIFEST

		· <del>-</del>										
					CTUAL DATE AND TIME OF DEPARTURE 11/13/2019 11:01 AM							
ATTACHE	ED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-0000081-LIC					
TYPE OF LICENSE License				STATE LICENSE2 #								
BUSINESS NAME Oz Distribution, Inc		nc.		TYPE OF LICENSE								
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		Delta 9 THC LLC					
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		824 E Anaheim St.					
950602126					CITY, STATE, ZIP CODE	Wilmington, CA 90744						
PHONE NUMBER (831) 600-7710					PHONE NUMBER	(310) 408-9621						
CONTACT NAME Miguel Felix					CONTACT NAME	ì '						
				DISTRIBUTO	OR INFORMATION							
STATE LICENSE #			C11-0000224-LIC		DRIVER'S NAME		Rodel Jardeleza					
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #		B82636677					
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE			Santa Cruz, CA 950602126		VEHICLE MODEL							
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2					
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL							
			PECEIVED CON		SHIPPED DETAILS Y THE SHADED COLUMNS BELI	OW/						
			RECEIVER COM	WIFLETES ONL	THE SHADED COLUMNS BELV	Ovv						
UID	ITEM NAME						QTY L		TOTAL COST		TOTAL RETAIL VALUE	
CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz			THC 4oz				0	\$22.00	\$0.00			
CT00154] The Oz Indica Cold Water Hash Dosido 1g						1:		\$8.00	\$96.00			
CT00234] Summit Boys Caviar Crumble Miss USA 1g						1:		\$16.00	\$192.00			
				PRODUC	CT REJECTION							
	IFP	RODUCTS ARE REJECTED P	LEASE CIRCLE TH		NG REJECTED IN THE PRODUC	T SHIPI	PED DE	TAILS S	SECTION ABO	VE		
REASO	N FOR RECEC	CTION										
			PI	RODUCT REC	EIPT CONFIRMATION							
I confirm	n that the conte	nts of this shipment match in we										
I agree	to take custody ducts circled at	of all items as inicated received	l above - and which	n are not circled		s indica	ited in th	is form a	and all attached	d product	t detail	
NAME (	NAME OF PERSON RECEIVING AND/OR					PHONE						
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE SIG	GNED				