## SALES INVOICE / SHIPPING MANIFEST

		SAI	LES INVO	ICE / S	HIPPING MAN	ILES	1					
INVOICE/MANIFEST # SO6320 A				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 08/15/2019 11:14 AM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
	_	_							_			
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			3		STATE LICENSE #		A10-17-0000080-TEMP					
TYPE OF LICENSE License					STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Ir					TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West			Blvd		BUSINESS NAME		ABATIN WELLNESS SAC					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		2100 29th St						
				CITY, STATE, ZIP CODE		Sacramento, CA 95817						
		(831) 600-7710			PHONE NUMBER		916-822-5699					
CONTA	CT NAME	CONTACT NAME		CONTACT NAME								
			D	ISTRIBUTOF	RINFORMATION							
STATE I	LICENSE #	C11-0000224-LIC			DRIVER'S NAME		Fran	ncisco Mal	dorado			
		Oz Distribution, Inc			CA DRVR LIC #		Francisco Maldorado F2095173					
		195 Harvey West E			VEHICLE MAKE		Ford					
-		Santa Cruz, CA 95			VEHICLE MODEL		Transit					
· · ·		(831) 600-7710		VEHICLE LIC. PLATE #				69L2				
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF							
					ARRIVAL							
			P	RODUCT SE	IIPPED DETAILS							
					THE SHADED COLUMNS BEL	OW						
										UNIT	TOTAL	
								UNIT			RETAIL	
UID ITEM NAME		1A/IL'( 'III - O F -				128			TOTAL COST		VALUE	
Kanebes Hybrid Flower Whitezilla 3.5g Summit Boys Refined Sugar Gorilla Glue 1g Royal Tree Indoor Flower Indica Medcare Kush 3.5g								\$12.00	\$1,536.00			
		2.5~	F.o.		10	)	\$17.50					
	Royal Tree Illudol Flower Illulca Medicale Rush 3.3g						J	\$23.00	\$0.00			
					REJECTION							
	IF PRODUCT	S ARE REJECTED PLE	EASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED D	DETAILS S	SECTION ABO	VE		
REAS	ON FOR RECECTION											
			PROI	DUCT RECE	PT CONFIRMATION							
I confi	rm that the contents of this	shipment match in weigh										
I agree	e to take custody of all item roducts circled abbove are	s as inicated received a	above - and which are	e not circled.	ributor for return to the shipper a	s indicat	ted in	this form	and all attache	d produc	t detail	
NAME	OF PERSON RECEIVING	: AND/OR				DI	HONE	<u> </u>				
REJECTIONG PRODUCT				PHONE NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR								SIGNED				
REJECTING PRODUCT						5,						