## SALES INVOICE / SHIPPING MANIFEST

| INVOICE   | /MANIFEST # SO6346          |  | Δ                | CTITAL DATE AND TIME OF DEPARTIES  | E 08/22              | /2010 07·11 AI          | Λ.              |          |                          |  |
|---|-----------------------------|--|------------------|--|----------------------|-------------------------|-----------------|----------|--------------------------|--|
| ATTACHED PAGES No   |                             |  |                  | ACTUAL DATE AND TIME OF DEPARTURE 08/22/2019 07:11 AM ESTIMATED DATE AND TIME OF ARRIVAL |                      |                         |                 |          |                          |  |
|   |                             |  |                  |  |                      |                         |                 |          |                          |  |
| SHIPPER INFORMATION   |                             |  |                  | REC  | RECEIVER INFORMATION |                         |                 |          |                          |  |
| STATE LICENSE # C11-0000224-LIC   |                             |  |                  | STATE LICENSE #  |                      | A10-18-0000140-TEMP     |                 |          |                          |  |
| TYPE OF LICENSE License   |                             |  | STATE LICENSE2 # |  | 7.10 10 0000         |                         |                 |          |                          |  |
| BUSINESS NAME Oz Distribution, Inc.   |                             |  | TYPE OF LICENSE  |  | Retailer License     |                         |                 |          |                          |  |
| BUSINESS ADDRESS 195 Harvey West Blvd                                       |                             |  |                  | BUSINESS NAME  |                      | Barbary Coast           |                 |          |                          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA 950602126  PHONE NUMBER (831) 600-7710 |                             |  | BUSINESS ADDRESS |  | 952 Mission Street   |                         |                 |          |                          |  |
|   |                             |  |                  | CITY, STATE, ZIP CODE  |                      | San Francisco, CA 94103 |                 |          |                          |  |
|   |                             |  | PHONE NUMBER     |  | 7074844199           |                         |                 |          |                          |  |
| CONTACT NAME Miguel Felix   |                             |  |                  | CONTACT NAME   |                      |                         |                 |          |                          |  |
|   |                             |  | DIST             | RIBUTOR INFORMATION  |                      |                         |                 |          |                          |  |
|   |                             |  | DIST             | KIBOTOK INI OKIMATION  |                      |                         |                 |          |                          |  |
| STATE LICENSE # C11-0000224-LIC   |                             |  | DRIVER'S NAME    |  | Rodel Jardeleza      |                         |                 |          |                          |  |
| BUSINESS NAME Oz Distribution, Inc.   |                             | Oz Distribution, Inc.  |                  | CA DRVR LIC #  |                      | B82636677               |                 |          |                          |  |
| BUSINESS ADDRESS 195 Harvey West Blvd                                       |                             |  | VEHICLE MAKE     |  | Ford                 |                         |                 |          |                          |  |
| CITY, STATE, ZIP CODE Santa Cruz, CA  |                             | Santa Cruz, CA 950602126   |                  | VEHICLE MODEL  |                      | Transit                 |                 |          |                          |  |
| PHONE NUMBER (831) 600-77   |                             | (831) 600-7710   |                  | VEHICLE LIC. PLATE #   |                      | 54269L2                 |                 |          |                          |  |
| CONTAC  | T NAME                      | Miguel Felix   |                  | ACTUAL DATE AND TIME OF<br>ARRIVAL   |                      |                         |                 |          |                          |  |
|   |                             | RECEIVE  |                  | DUCT SHIPPED DETAILS<br>ES ONLY THE SHADED COLUMNS BELO                                  | OW                   |                         |                 |          |                          |  |
| UID   | ITEM NAME                   |  |                  |  |                      | QTY UNIT                | TOTAL COST      |          | TOTAL<br>RETAIL<br>VALUE |  |
| ED00185   | [5] Heavenly Sweet Edible   | Freats Peanut Butter 100mg THC                                       |                  |  | 0                    | \$8.50                  | \$0.00          |          |                          |  |
| Summit Boys Refined Crumble Banjo X OG 1g                                   |                             |  |                  |  | 20                   | \$17.50                 | \$350.00        |          |                          |  |
| Summit Boys Refined Crumble Gorilla OG 1g                                   |                             |  |                  |  | 20 \$17.50           |                         |                 |          |                          |  |
| Summit Boys Refined Crumble Bubble Gum 1g                                   |                             |  |                  |  | 20                   | \$17.50                 | \$350.00        |          |                          |  |
|   |                             |  |                  | RODUCT REJECTION   |                      |                         |                 |          |                          |  |
|   | IF PRODUCTS                 | S ARE REJECTED PLEASE CIR  | CLE THE ITE      | MS BEING REJECTED IN THE PRODUC  | T SHIPP              | ED DETAILS S            | SECTION ABO     | VE       |                          |  |
| REASC   | ON FOR RECECTION            |  |                  |  |                      |                         |                 |          |                          |  |
|   |                             |  | PRODUC           | CT RECEIPT CONFIRMATION  |                      |                         |                 |          |                          |  |
| I confir  | m that the contents of this | shipment match in weight and co                                      |                  |  |                      |                         |                 |          |                          |  |
| _   | oducts circled abbove are r | s as inicated received above - an ejected for delivery and remain in |                  | ot circled.  of the distributor for return to the shipper as                             | s indicate           | ed in this form         | and all attache | d produc | t detail                 |  |
| NAME  | OF PERSON RECEIVING         | AND/OP   |                  |  | DL                   | IONE                    |                 |          |                          |  |
| REJECTIONG PRODUCT  |                             |  |                  |  | PHONE<br>NUMBER      |                         |                 |          |                          |  |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT                      |                             |  |                  |  | DA                   | TE SIGNED               |                 |          |                          |  |