SALES INVOICE / SHIPPING MANIFEST

		SA	LES INV	OICE /	SHIPPING MAN	IFES	51				
INVOICE/MANIFEST # SO6239				ACTUAL DATE AND TIME OF DEPARTURE 08/20/2019 09:32 AM							
ATTAC	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	CLUE		ATION		DE(>= I\ /I			\ I		
SHIPPER INFORMATION					RECEIVER INFORMATION						
		C11-0000224-LIC	IC		STATE LICENSE #		A10-18-00001	A10-18-0000110-TEMP			
TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.				TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West BI			Blvd		BUSINESS NAME		Super Clinik				
CITY, STATE, ZIP CODE		Santa Cruz, CA			BUSINESS ADDRESS		2525 BIRCH ST S				
950602126					CITY, STATE, ZIP CODE		Santa Ana, CA 92707				
PHONE NUMBER (831) 600-7710								14) 557-2050			
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIBUT	OR INFORMATION						
				2.071(1001							
STATE LICENSE # C11-0000224-LIC		;		DRIVER'S NAME		Brandon Sumandal					
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		D1309712				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford				
		-	anta Cruz, CA 950602126		VEHICLE MODEL		Transit				
PHONE NUMBER (831) 600-7710				VEHICLE LIC. PLATE #	54269L2						
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER CO		SHIPPED DETAILS LY THE SHADED COLUMNS BEL	-OW			UNIT	TOTAL	
UID	ITEM NAME						QTY UNIT	TOTAL COST	RETAIL	RETAIL	
	Kanebes Hybrid Flower 1g. Request					10	0 \$0.00	\$0.00)		
	Kanebes Indica Flower 1g. Request					10	0 \$0.00	\$0.00)		
	Kanebes Sativa Flower 1g. Request					10	0 \$0.00	\$0.00)		
	Kanebes Hybrid Flower Alien Rock 1g SMALLS					10	0 \$3.50	\$350.00)		
	Kanebes Sativa Flower Sled Dawg 1g SMALLS					10	0 \$3.50	\$350.00)		
	Kanebes Indica Flower	Kanebes Indica Flower Holy Grail 1g. SMALLS					0 \$4.50	\$0.00)		
	Kannebes Indica Flower Black Berry Kush 1g smalls					100	0 \$3.50	\$350.00)		
				PRODU	CT REJECTION						
	IF PRODUC	CTS ARE REJECTED PL	EASE CIRCLE T	HE ITEMS BE	ING REJECTED IN THE PRODUC	T SHIP	PED DETAILS	SECTION ABO	VE		
DEAG	SON FOR RECECTION										
NEAC	SON I ON NECECTION										
			Р	RODUCT REG	CEIPT CONFIRMATION						
I conf	irm that the contents of th	nis shipment match in we	ight and count as	indicated abov	re.						
-					ed. distributor for return to the shipper a	as indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				

DATE SIGNED

SIGNATURE OF PERSON RECEIVING AND/OR

REJECTING PRODUCT