SALES INVOICE / SHIPPING MANIFEST

		SALE	2 111 601	ICE / S	HIPPING MAIN.	ILES	1					
INVOICE/MANIFEST # SO6438			ACTUAL DATE AND TIME OF DEPARTURE 08/22/2019 10:33 AM									
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
	SHIPF	PER INFORMATION	ON		REC	CEIVE	ΞR	INFO	RMATIO	٧		
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C10-18-0000037-TEMP					
TYPE OF LICENSE License		License			STATE LICENSE2 #							
BUSINESS NAME Oz Distribution, Ir			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West		195 Harvey West Blvd	Blvd		BUSINESS NAME		NHS Collective					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS		1901 Atlantic Ave.					
		950602126			CITY, STATE, ZIP CODE		Long Beach , CA 90806					
		(831) 600-7710			PHONE NUMBER		(562) 528-8810					
CONTACT NAME Miguel Felix			CC		CONTACT NAME							
			DI	ISTRIBUTOF	RINFORMATION							
OT 4 TE	LIOENOE "	044 0000004110			DDIVEDIO MAME			.1.0				
		C11-0000224-LIC			DRIVER'S NAME		Angel Rodriguez					
		Oz Distribution, Inc. 195 Harvey West Blvd			CA DRVR LIC # VEHICLE MAKE	B9147506 Ford						
		Santa Cruz, CA 950602			VEHICLE MODEL		Transit					
		(831) 600-7710	2120		VEHICLE LIC. PLATE #		54269L2					
,		Miguel Felix			ACTUAL DATE AND TIME OF	F	3 120022					
•	0.1.0	gas. 1 0x			ARRIVAL							
		REC			IPPED DETAILS THE SHADED COLUMNS BEL	_OW						
UID	ITEM NAME							UNIT	TOTAL COST		TOTAL RETAIL VALUE	
S-Kanebes Hybrid Flower Alien R		er Alien Rock 1g SMALLS				1	1	\$0.01	\$0.01			
S-Kanebes Sativa Flower Sled Dawg 1g SMALLS					1	1	\$0.01	\$0.01				
S-Kannebes Indica Flower Black Berry Kush 1g smalls							\$0.01	\$0.01				
				PRODUCT	REJECTION							
	IF PRODUCT	S ARE REJECTED PLEASE	E CIRCLE THE IT		REJECTED IN THE PRODUC	T SHIPE	PED [DETAILS S	SECTION ABO	VE		
REAS	ON FOR RECECTION											
Lonfi	rm that the contents of this	shipment match in weight ar			PT CONFIRMATION							
I agree	e to take custody of all item roducts circled abbove are	s as inicated received above	e - and which are	e not circled.	ibutor for return to the shipper a	as indicat	ted in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT					NUMBER							
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	SIGNED				