SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SC	07762	ACTUAL DATE AND TIME OF DEPART	URF 11/14/2019 02·26 F	PM			
ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRI					
SH	IIPPER INFORMATION	RE	RECEIVER INFORMATION				
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-000030	7-LIC			
TYPE OF LICENSE	License	STATE LICENSE2#					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer Lice	Retailer License			
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Foothill Heal	Foothill Health and Wellness			
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS	3830 Divider	3830 Dividend Dr Suite A Shingle Springs, CA 95382			
	950602126	CITY, STATE, ZIP CODE	Shingle Spri				
PHONE NUMBER (831) 600-7710		PHONE NUMBER	530-676-453	530-676-4532			
CONTACT NAME Miguel Felix		CONTACT NAME					
		DISTRIBUTOR INFORMATION					
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Angel Rodrig	Angel Rodriguez			
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B9147506				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford			
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Transit	Transit			
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2	54269L2			
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME ARRIVAL	OF				
	RECEIVER	PRODUCT SHIPPED DETAILS R COMPLETES ONLY THE SHADED COLUMNS B	ELOW				
			QTY QTY UNIT			TOTAL RETAIL	
JID ITEM NAME			ORD REC'IDOST	TOTAL COST		VALUE	
[ED00139] Dreamers Edible Oil Syringe Indica 1G [ED00137] Dreamers Edible Oil Syringe Satvia 1G			10 \$20.0				
ED00137] Dreamers Edible (10 \$20.0	0 \$200.00					
		PRODUCT REJECTION					
IF PROI	DUCTS ARE REJECTED PLEASE CIRC	LE THE ITEMS BEING REJECTED IN THE PRODU	JCT SHIPPED DETAILS	SECTION ABO	VE		
REASON FOR RECECTIO	N						
		PRODUCT RECEIPT CONFIRMATION					
I agree to take custody of a	of this shipment match in weight and countlibre items as inicated received above - and e are rejected for delivery and remain in	nt as indicated above.	r as indicated in this forn	n and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER				
SIGNATURE OF PERSON REJECTING PRODUCT	RECEIVING AND/OR		DATE SIGNED				