SALES INVOICE / SHIPPING MANIFEST

INVOICE	/MANIFEST#	SO6654	ACTUAL DATE AND TIME OF DEPARTU	IRE 09/04/2019 01	.30 D	M		
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL				
	;	SHIPPER INFORMATION	RE	RECEIVER INFORMATION				
STATE LICENSE #		C11-0000224-LIC	LIC STATE LICENSE #		00489)-LIC		
	LICENSE	License	STATE LICENSE2#					
BUSINESS NAME Oz Distribution, Inc.		Oz Distribution, Inc.	TYPE OF LICENSE	Retailer	Licer	nse		
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME	Dr Gree	nthur	nb Eureka		
CITY, STATE, ZIP CODE Santa Cruz, CA		Santa Cruz, CA	BUSINESS ADDRESS	1762 My	yrtle /	Ave		
950602126		950602126	CITY, STATE, ZIP CODE	Eureka,	CA 9	5501		
PHONE NUMBER (831) 600-7710		(831) 600-7710	PHONE NUMBER	0	0			
CONTACT NAME Miguel Felix			CONTACT NAME					
			DISTRIBUTOR INFORMATION					
QTATE I	ICENICE #	C11-0000224-LIC	DRIVER'S NAME	Prodlov	Morti	207		
STATE LICENSE # BUSINESS NAME		Oz Distribution, Inc.	CA DRVR LIC #		Bradley Martinez B9489158			
BUSINESS ADDRESS		195 Harvey West Blvd	VEHICLE MAKE		Ford			
		•	VEHICLE MAKE		Transit			
		(831) 600-7710	VEHICLE LIC. PLATE #	54269L2				
CONTAC		Miguel Felix	ACTUAL DATE AND TIME O		J4209L2			
00111710		I I I I I I I I I I I I I I I I I I I	ARRIVAL					
			PRODUCT SHIPPED DETAILS					
		RECEIVER (COMPLETES ONLY THE SHADED COLUMNS BE	LOW				
				071/ 071/ 11			UNIT	TOTAL
LIID	ITEM NIAME			QTY QTY UN		TOTAL COST		RETAIL
UID ITEM NAME The Oz Indica OG Sherbet Crumble 1g				ORD REC'IDC	13.00	TOTAL COST \$130.00		VALUE
The Oz Indica Od Sherber Grumble 1g The Oz Indica Wedding Cake Crumble 1g					13.00			
	THE OZ IIIUICA	Wedding Cake Clumble 1g		10 \$	13.00	φ130.00		
			PRODUCT REJECTION					
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE								
REASC	ON FOR RECEC	CTION						
			DRODUCT RECEIPT CONFIRMATION					
PRODUCT RECEIPT CONFIRMATION I confirm that the contents of this shipment match in weight and count as indicated above.								
		of all items as inicated received above - and w						
_	oducts circled ab		e custody of the distributor for return to the shipper	as indicated 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				DATE SIGN	1ED			
INLULU		· 1						