SALES INVOICE / SHIPPING MANIFEST

INIVOICE/	MANIFEST # SO7	7927		ACTUAL D	ATE AND TIME OF DEDA	DTUDE 10/	22/2010	04:25 D	M			
INVOICE/MANIFEST # SO7237 ATTACHED PAGES No			ACTUAL DATE AND TIME OF DEPARTURE 10/23/2019 04:35 PM ESTIMATED DATE AND TIME OF ARRIVAL									
					5 57.1.2 7.1.15 1.1.112 G1 7.11							
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC		STAT		STATE LICENSE #	SE#		C10-0000317-LIC					
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE Retailer Lice				se			
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd		BUSINESS NAME Valley Health Options							
CITY, STATE, ZIP CODE Santa Cruz, C		Santa Cruz, CA			BUSINESS ADDRESS	SS 1421 Auburn Blvd						
950602126					CITY, STATE, ZIP COD	CITY, STATE, ZIP CODE Sacramento, CA 95818			CA 95818			
PHONE NUMBER (831) 600-7710					PHONE NUMBER (916) 779-071				15			
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUTOF	RINFORMATION							
OT 4 TE	OENOE "	244 0000004 14	_		DDW/EDIO MAME			5				
		C11-0000224-LI0			DRIVER'S NAME			Angel Rodriguez				
		Oz Distribution, I			CA DRVR LIC #			B9147506				
		195 Harvey Wes			VEHICLE MAKE VEHICLE MODEL			Ford				
		Santa Cruz, CA 9 (831) 600-7710	950602126		VEHICLE MODEL VEHICLE LIC. PLATE #		Transit 54269L2					
CONTAC		Miguel Felix			ACTUAL DATE AND TIME	54208)LZ					
CONTRO	I TO WILL	iviigaci i ciix			ARRIVAL	VIL OI						
				DRODUCT CL	IPPED DETAILS							
			DECEIVED COM		THE SHADED COLUMNS	C DEI OW						
			RECEIVER COIVI	IPLETES ONLT	THE SHADED COLUMNS	3 BELOW						
										UNIT	TOTAL	
						ОТ	Y QTY U	JNIT			RETAIL	
UID	ITEM NAME						D REC'I		TOTAL COST			
FL00295] Kanebes Fire OG Preroll .8g							\$3.50	\$0.00	ı .			
P- Kanebes Fire OG Preroll .8g								\$0.01	\$0.25			
				PRODUCT	REJECTION							
IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE												
DE 4.00	N FOR RECECTION											
REASO	N FOR RECECTION	I										
			PR	RODUCT RECEI	PT CONFIRMATION							
I confirm	that the contents of	this shipment match in we	eight and count as ir	ndicated above.								
I agree t	to take custody of all	items as inicated received	above - and which	are not circled.								
The pro	ducts circled abbove	are rejected for delivery a	nd remain in the cus	stody of the distr	ibutor for return to the ship	pper as indic	cated in th	nis form	and all attache	d produc	t detail	
sheet(s)												
	DE DEDOCT	(INO AND (07					DI 10					
NAME OF PERSON RECEIVING AND/OR						PHONE						
REJECTIONG PRODUCT							NUMBER					
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT							DATE SI	GNED				