SALES INVOICE / SHIPPING MANIFEST

		אמ	LLS IIV	JICE /	SIIII I INO MAN.	II L) 1					
INVOICE/MANIFEST # SO6747			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 09/17/2019 03:40 PM								
ATTACH	IED PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
	5	SHIPPER INFORM	ATION		REC	CEIVE	ER I	NFO	RMATIO	٧		
STATE LICENSE # C11-0000224-LIC			2		STATE LICENSE #		C12-0000009-LIC					
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Ir			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West		i Blvd		BUSINESS NAME		Holistic Alternative Inc						
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS	18306 Eddy St						
950602126		CITY, STATE, ZIP CODE				Northridge, CA 91325						
PHONE NUMBER (831) 600-7710				PHONE NUMBER		0						
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUT	OR INFORMATION							
STATE I	ICENSE #	C11-0000224-LI0	`		DRIVER'S NAME		Δησο	el Rodrigu	10.7			
BUSINESS NAME		Oz Distribution, I			CA DRVR LIC # B91475				-			
BUSINESS ADDRESS		195 Harvey Wes			VEHICLE MAKE							
CITY, STATE, ZIP CODE		Santa Cruz, CA 9			VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710	,00002.20		VEHICLE LIC. PLATE #		54269L2					
	CT NAME	Miguel Felix			ACTUAL DATE AND TIME OF	F						
		g			ARRIVAL							
			RECEIVER COM		SHIPPED DETAILS LY THE SHADED COLUMNS BEL	OW						
			RECEIVER COM	I LL I LO ON	ET THE SHADED COLOMING BEE							
										UNIT	TOTAL	
							QTY				RETAIL	
UID	ITEM NAME							TOTAL COST		VALUE		
	-	Caviar Sugar Cali Girl 1g			25		\$16.00	\$400.00				
Summit Boys Caviar Crumble OG Kush 1g							25 \$16.00 25 \$16.00					
	Summit Boys S	Scotts OG Caviar Crumble 1g				25	0	\$16.00	\$400.00			
				PRODU	CT REJECTION							
	IF PF	RODUCTS ARE REJECTED P	LEASE CIRCLE TH	E ITEMS BE	ING REJECTED IN THE PRODUC	CT SHIPE	PED D	ETAILS S	SECTION ABO	VE		
REASC	ON FOR RECEC	TION										
			DD	ODLICT RE	CEIPT CONFIRMATION							
Lconfir	m that the conter	nts of this shipment match in we										
I agree	e to take custody oducts circled abl	of all items as inicated received	above - and which	are not circle		as indica	ted in	this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR												
	CTIONG PRODU			PHONE NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED				