SALES INVOICE / SHIPPING MANIFEST

		571	LLS II (OI	CLID						
INVOICE/MANIFEST # SO7349			ACTUAL DATE AND TIME OF DEPARTURE 10/22/2019 02:02 PM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION					
STATE LI	CENSE #	C11-0000224-LIC	<u> </u>		STATE LICENSE #		C10-0000494	l IC		
TYPE OF LICENSE License				STATE LICENSE2#						
BUSINESS NAME Oz Distribution, Inc		IC.		TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS 195 Harvey West E		Blvd		BUSINESS NAME		Mankind Cannabis				
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126				BUSINESS ADDRESS		7128 Miramar rd.				
					CITY, STATE, ZIP CODE		San Diego, CA 92121			
PHONE NUMBER (831) 600-7710				PHONE NUMBER		858-220-2503				
CONTACT NAME Miguel Felix					CONTACT NAME					
			DI	ISTRIBUTOF	RINFORMATION					
STATE LI	CENSE #	C11-0000224-LIC	<u> </u>		DRIVER'S NAME		Brandon Sum	andal		
			Oz Distribution, Inc.		CA DRVR LIC #	D1309712		anddi		
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE					
CITY, STATE, ZIP CODE		-	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit			
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2			
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF	F				
		, ,			ARRIVAL					
					IPPED DETAILS THE SHADED COLUMNS BEL	.OW				
UID	ITEM NAME					ORD		TOTAL COST	VALUE	TOTAL RETAIL VALUE
	_00481] Zoma Hybrid Flower Prerolls 6 pack Argyle THC/CBD 1:1 4.5g				100		\$1,500.00			
[CT00210] Summit Boys Caviar Crumble Forbidden Fruit 1G			1G			48		\$840.00		
[CT00208]	CT00208] Summit Boys Caviar Crumble Gelato 1g					48	\$17.50	\$840.00		
	IE DDODU	OTO ADE DE JEOTED DI	EACE OIDOLE THE		REJECTION	T CLUDD	ED DETAIL C	SECTION ADO	\/⊏	
	IF PRODUC	715 ARE REJECTED PL	EASE CIRCLE THE I	I EIVIO DEIIVO	REJECTED IN THE PRODUC	, i Shipp	ED DETAILS	SECTION ABO	VE	
REASO	N FOR RECECTION									
			PROD	OUCT RECEI	PT CONFIRMATION					
		is shipment match in we	· ·							
J	ducts circled abbove a	ems as inicated received re rejected for delivery ar			ibutor for return to the shipper a	as indicate	ed in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR					PHONE					
REJECTIONG PRODUCT							JMBER TE GLONED			
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						DA	TE SIGNED			