SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANIEEST # SO73	003	ACTUAL DATE AND TIME OF D	EBARTURE 10/2	2/2010 04:05 D	N A			
INVOICE/MANIFEST # SO7393 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DI ESTIMATED DATE AND TIME O		3/2019 04.03 F	IVI			
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SHIF	PPER INFORMATION		RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #		C10-0000088	-LIC			
TYPE OF LICENSE	License	STATE LICENSE2 #	‡					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE		Retailer License				
BUSINESS ADDRESS	INESS ADDRESS 195 Harvey West Blvd BUSINESS NAME			Sundialed Ukiah				
CITY, STATE, ZIP CODE Santa Cruz, CA		BUSINESS ADDRESS		2601 N State St.				
950602126		CITY, STATE, ZIP C	CODE	Ukiah, CA 95482				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER		(707) 298-8105				
CONTACT NAME Miguel Felix		CONTACT NAME	IE .					
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME		Bradley Martinez				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		B9489158				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL		Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLAT	ΓE #	54269L2				
CONTACT NAME Miguel Felix		ACTUAL DATE AND	TIME OF					
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLU	MNS BELOW					
UID ITEM NAME				QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[ED00127] S - Cosmo D's Edible Chocolate Bar Hazy Hazelnut 100mg				5 \$0.01	\$0.05			
[ED00128] S - Cosmo D's Edible	100mg		5 \$0.01	\$0.05				
		PRODUCT REJECTION						
IF PRODU	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE	PRODUCT SHIP	PED DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents of t	his shipment match in weight and cou	unt as indicated above.						
,	ems as inicated received above - and are rejected for delivery and remain in	d which are not circled. the custody of the distributor for return to the	shipper as indica	ated in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT			PHONE NUMBER					
SIGNATURE OF PERSON RE REJECTING PRODUCT	ECEIVING AND/OR		D	ATE SIGNED				