SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	JICE /		ILES) 1				
INVOICE/MANIFEST # SO6280				ACTUAL DATE AND TIME OF DEPARTURE 08/14/2019 08:40 AM							
ATTACHI	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE #		C11-0000224-LI0	C11-0000224-LIC		STATE LICENSE #		A10-17-0000109-temp				
TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		nc.	TYPE OF LICENSE			Retailer License					
-		195 Harvey West			BUSINESS NAME		Holistic Healing Collective				
CITY, STATE, ZIP CODE		Santa Cruz, CA			BUSINESS ADDRESS CITY, STATE, ZIP CODE		15501 San Pablo Ave Richmond, CA 94806				
950602126											
PHONE NUMBER (831) 600-7710				PHONE NUMBER			510-275-3365				
CONTAC	T NAME	Miguel Felix			CONTACT NAME						
				DISTRIBUT	OR INFORMATION						
STATE LICENSE # C11-0000224-LIC		C	DRIVER'S NAME			Chad Muller					
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		C5538145				
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. PLATE # 54269L2						
CONTACT NAME Miguel Fe					ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COM		SHIPPED DETAILS .Y THE SHADED COLUMNS BEI	LOW					
									UNIT	TOTAL	
							QTY UNIT	TOTAL 000T		RETAIL	
UID	ITEM NAME						REC'IDOST	TOTAL COST		VALUE	
	Summit Boys Kosher Kush Caviar Crumble 1g					20					
Summit Boys Caviar Sugar Gorilla Glue 1g [FL00407] Royal Tree Indoor Flower Dosido Indica 3.5g											
[1 L00407]	Kanebes Hybrid Flower Whitezilla 3.5g					96					
	Kanebes Indica Flower Emerald Essence OG 3.5g smalls						2 \$8.50				
	Summit Boys Caviar Crumble Banjo X OG 1g					20	, , , , ,				
				DD OD U	CT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE THE		NG REJECTED IN THE PRODUC	CT SHIPE	PED DETAILS	SECTION ABO	VE		
REASO	ON FOR RECECTION										
			PR	ODUCT REC	EIPT CONFIRMATION						
I confirm	n that the contents of th	nis shipment match in we	eight and count as in	dicated abov	е.						
I agree	to take custody of all ite	ems as inicated received	d above - and which	are not circle	d.						
The pro		re rejected for delivery a	nd remain in the cus	stody of the di	stributor for return to the shipper	as indica	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
SIGNATURE OF PERSON RECEIVING AND/OR							ATE SIGNED				

REJECTING PRODUCT