SALES INVOICE / SHIPPING MANIFEST

	٥	ACTUAL DATE AND TIME OF DEPARTURE	11/22/2010 04:	17 DI	1			
INVOICE/MANIFEST # SO7909 ATTACHED PAGES No		ESTIMATED DATE AND TIME OF ARRIVAL		17 F1	VI			
			-					
SHIP	PER INFORMATION	RECEIVER INFORMATION						
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #	C10-0000194-LIC					
TYPE OF LICENSE	License	STATE LICENSE2 #	0.000					
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Retailer	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	CannaCloud LLC					
CITY, STATE, ZIP CODE	Santa Cruz, CA	BUSINESS ADDRESS		1153 Harvey Knox Blvd				
	950602126 CITY, STATE, ZIP CODE			Perris, CA 92571				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	0	0				
CONTACT NAME	CONTACT NAME							
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Rodel Ja	Rodel Jardeleza				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #	B826366	B82636677				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Ford	Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Transit	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54269L2					
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME OF ARRIVAL						
	RECEIVER COI	PRODUCT SHIPPED DETAILS MPLETES ONLY THE SHADED COLUMNS BELO	W					
						UNIT	TOTAL	
UID UTENAME			QTY QTY UNI		TOTAL 000T		RETAIL	
JID ITEM NAME	- W- H' O-L - O 5 - OMALLO		ORD REC'IDO		TOTAL COST		VALUE	
[FL00513] Kanebes Indica Flower Wedding Cake 3.5g SMALLS				9.00	\$864.00			
Kanebes Shelf Support			1 -9	9.00	-\$9.00			
		PRODUCT REJECTION						
IF PRODUC	TS ARE REJECTED PLEASE CIRCLE T	HE ITEMS BEING REJECTED IN THE PRODUCT	SHIPPED DETA	ILS :	SECTION ABO	VE		
REASON FOR RECECTION								
	P	RODUCT RECEIPT CONFIRMATION						
I confirm that the contents of thi	is shipment match in weight and count as	indicated above.						
_ ·	ms as inicated received above - and which e rejected for delivery and remain in the co	n are not circled. ustody of the distributor for return to the shipper as	indicated in this	form	and all attache	d produc	t detail	
sheet(s).								
NAME OF PERSON RECEIVIN	IG AND/OR		PHONE NUMBER					
SIGNATURE OF PERSON REC	CEIVING AND/OR		DATE SIGN	ED				