SALES INVOICE / SHIPPING MANIFEST

			SA	LES INVO	ICE / S		LES	1					
INVOICE/MANIFEST # SO6517					ACTUAL DATE AND TIME OF DEPARTURE 09/03/2019 10:47 AM								
ATTACHED F	PAGES	No			ESTIMATED DATE AND TIME OF ARRIVAL								
	9	SHIPPE	R INFORM	IATION		RFC	FIVE	RINF	OF	RMATION	J		
						STATE LICENSE #							
STATE LICENSE # C11-0000224-LICENSE License			,		STATE LICENSE2 #		C10-0000317-LIC						
BUSINESS NAME Oz Distribution, Inc.				nc		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd								Exhalence					
CITY, STATE, ZIP CODE Santa Cruz, CA				. 2		BUSINESS ADDRESS		10467 Roscoe Blvd					
950602126					CITY, STATE, ZIP CODE								
			(831) 600-7710			PHONE NUMBER		(818) 394-9094					
CONTACT NA	AME		Miguel Felix			CONTACT NAME		, ,					
				[DISTRIBUTO	RINFORMATION							
STATE LICEN	NSE #		C11-0000224-LI0	C		DRIVER'S NAME		Angel Ro	driau	lez			
BUSINESS NAME			Oz Distribution, Inc.			CA DRVR LIC #		B9147506					
BUSINESS ADDRESS			195 Harvey West Blvd			VEHICLE MAKE Ford							
CITY, STATE, ZIP CODE			Santa Cruz, CA 950602126			VEHICLE MODEL Transit			it				
PHONE NUMBER			(831) 600-7710			VEHICLE LIC. PLATE # 54269L2							
CONTACT NAME Miguel Felix			Miguel Felix			ACTUAL DATE AND TIME OF							
						ARRIVAL							
						HIPPED DETAILS THE SHADED COLUMNS BELC	DW						
UID ITE	EM NAME							QTY UNI		TOTAL COST		TOTAL RETAIL VALUE	
Royal Tree Indoor Flower Indica GMO Cookies 3			es 3.5g			16	\$2	2.50	\$360.00				
Royal Tree Indoor Flower Chemdawg Sativa 3.5g				3.5g				\$2	2.50	\$360.00			
Ro	loor Flower S	Sativa Jungle Juice	3.5g			16	\$2	2.50	\$360.00				
					PRODUCT	REJECTION							
	IF PI	RODUCTS A	RE REJECTED P	LEASE CIRCLE THE	ITEMS BEING	G REJECTED IN THE PRODUCT	r shipp	ED DETA	ILS S	SECTION ABO	VE		
REASON F	OR RECEC	TION											
				DDO	DUCT BECE	IPT CONFIRMATION							
Loonfirm the	at the center	ata of this ohi	inmont motob in we	eight and count as indi		IPT CONFIRMATION							
			•	eight and count as indi d above - and which ar									
	•					ributor for return to the shipper as	s indicate	ed in this f	orm a	and all attache	d product	t detail	
NAME OF F	PERSON RE	ECEIVING AN	ND/OR				PH	IONE					
REJECTIONG PRODUCT								JMBER					
SIGNATURE OF PERSON RECEIVING AND/OR								TE SIGNI	=D				

REJECTING PRODUCT