## SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO73	50	ACTUAL DATE	AND TIME OF DEPARTURE	10/22	/2010 04:21 5	N /				
INVOICE/MANIFEST # SO7352 ATTACHED PAGES No			ATE AND TIME OF BEPARTURE		/2019 04.31 F	IVI				
SHIF	PPER INFORMATION		RECEIVER INFORMATION							
STATE LICENSE #	CENSE # C11-0000224-LIC STATE LICENSE #		ΓATE LICENSE #		C12-000001	3-LIC				
TYPE OF LICENSE	License	ST	TATE LICENSE2#							
BUSINESS NAME	Oz Distribution, Inc.	TY	TYPE OF LICENSE		Retailer License					
USINESS ADDRESS 195 Harvey West Blvd BUSII		JSINESS NAME		Organic Solutions of the Desert LLC						
CITY, STATE, ZIP CODE	Santa Cruz, CA	A BUSINE			4765 E Ramon RD					
	950602126	CITY, STATE,			Palm Springs, CA 92264					
PHONE NUMBER	(831) 600-7710	Pł	PHONE NUMBER		(760) 600-0579					
CONTACT NAME	Miguel Felix	Co	ONTACT NAME							
		DISTRIBUTOR IN	FORMATION							
STATE LICENSE #	C11-0000224-LIC	DF	DRIVER'S NAME			Brandon Sumandal				
BUSINESS NAME	Oz Distribution, Inc.	CA	CA DRVR LIC #		D1309712					
BUSINESS ADDRESS	195 Harvey West Blvd	VE	VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VE	VEHICLE MODEL		Transit					
PHONE NUMBER	(831) 600-7710	VE	VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME	Miguel Felix		CTUAL DATE AND TIME OF							
		PRODUCT SHIPP								
	RECEIVE	R COMPLETES ONLY THI	E SHADED COLUMNS BELO	W						
UID ITEM NAME					QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE		
[CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz				10				VALUE		
[CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz				20	_					
		DD ODLIGT DE	JE OTION							
IF PRODU	CTS ARE REJECTED PLEASE CIRC	PRODUCT RE CLE THE ITEMS BEING RE		SHIPP	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		or for return to the shipper as	indicat	ed in this form	and all attache	d produc	t detail		
NAME OF PERSON RECEIVEREJECTIONG PRODUCT	NG AND/OR		PHONE NUMBER							
SIGNATURE OF PERSON RE REJECTING PRODUCT	ECEIVING AND/OR			DA	ATE SIGNED					