## SALES INVOICE / SHIPPING MANIFEST

INIVOICE/MANUEEST # COZE		ACTUAL DATE AND TIME OF DEDARTI	IDE 11/04/20	10 02:24 D	N 4			
INVOICE/MANIFEST # SO7553 ATTACHED PAGES No		ACTUAL DATE AND TIME OF DEPARTU ESTIMATED DATE AND TIME OF ARRIV		119 03.24 P	IVI			
ATTACHED TACES		ESTIMATED BATE AND TIME STATISTICS	****					
SHII	PPER INFORMATION	RE	RECEIVER INFORMATION					
STATE LICENSE #	C11-0000224-LIC	STATE LICENSE #		10-0000599	)			
TYPE OF LICENSE	License	STATE LICENSE2 #						
BUSINESS NAME	Oz Distribution, Inc.	TYPE OF LICENSE	Re	Retailer License				
BUSINESS ADDRESS	195 Harvey West Blvd	BUSINESS NAME	Pr	Proper Wellness INC				
CITY, STATE, ZIP CODE	Santa Cruz, CA			0				
950602126		CITY, STATE, ZIP CODE	Ει	Eureka, CA 95501				
PHONE NUMBER	(831) 600-7710	PHONE NUMBER	(7	(707) 630-1142				
CONTACT NAME	Miguel Felix	CONTACT NAME						
		DISTRIBUTOR INFORMATION						
STATE LICENSE #	C11-0000224-LIC	DRIVER'S NAME	Br	Bradley Martinez				
BUSINESS NAME	Oz Distribution, Inc.	CA DRVR LIC #		B9489158				
BUSINESS ADDRESS	195 Harvey West Blvd	VEHICLE MAKE	Fo	Ford				
CITY, STATE, ZIP CODE	Santa Cruz, CA 950602126	VEHICLE MODEL	Tr	Transit				
PHONE NUMBER	(831) 600-7710	VEHICLE LIC. PLATE #	54	54269L2				
CONTACT NAME	Miguel Felix	ACTUAL DATE AND TIME C	OF					
		PRODUCT SHIPPED DETAILS						
	RECEIVE	R COMPLETES ONLY THE SHADED COLUMNS BE	ELOW					
						UNIT	TOTAL	
			QTY QT	TY UNIT		RETAIL	RETAIL	
UID ITEM NAME			ORD RE	C'IDOST	TOTAL COST	VALUE	VALUE	
[CT00216] Summit Boys Caviar			12	\$16.50				
[CT00127] Summit Boys Pacific	Gas Live Resin Caviar Diamonds .5g	9	24	\$18.00	\$432.00	)		
		PRODUCT REJECTION						
IF PRODU	CTS ARE REJECTED PLEASE CIRC	CLE THE ITEMS BEING REJECTED IN THE PRODU	JCT SHIPPED	DETAILS	SECTION ABO	VE		
REASON FOR RECECTION								
		PRODUCT RECEIPT CONFIRMATION						
I confirm that the contents of t	this shipment match in weight and cou	unt as indicated above.						
The products circled abbove a	tems as inicated received above - and are rejected for delivery and remain in	d which are not circled. In the custody of the distributor for return to the shipper	r as indicated	in this form	and all attache	d produc	t detail	
sheet(s).								
NAME OF PERSON RECEIV REJECTIONG PRODUCT	ING AND/OR		PHON					
SIGNATURE OF PERSON R REJECTING PRODUCT	ECEIVING AND/OR			SIGNED				