SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	ICE	/ SHIPPING MANI	LES	1				
INVOICE/MANIFEST # SO7799				ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:10 PM							
ATTACH	HED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL							
	SHIF	PPER INFORM	ATION		REC	EIVE	R INFOI	RMATION	١		
STATE LICENSE # C11-0000224-LIC			2	STATE LICENSE #			C10-0000173-LIC				
TYPE OF LICENSE License					STATE LICENSE2 #	C10-0000173-LIC					
BUSINESS NAME Oz Distribution, Inc.			nc.	TYPE OF LICENSE			Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME	NHS Collective					
CITY, S	ΓΑΤΕ, ZIP CODE	Santa Cruz, CA	A		BUSINESS ADDRESS	1901 Atlantic Ave.					
950602126					CITY, STATE, ZIP CODE		Long Beach , CA 90806				
PHONE NUMBER (831) 600-7710					PHONE NUMBER (562) 5			28-8810			
CONTACT NAME Miguel Felix					CONTACT NAME						
				DISTRIB	UTOR INFORMATION						
STATE LICENSE # C11-0000224-LIC					DRIVER'S NAME		Angel Rodriguez				
BUSINESS NAME Oz Distribution, Inc.		nc.	CA DRVR LIC #			B9147506					
BUSINESS ADDRESS		195 Harvey West	195 Harvey West Blvd		VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	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						
					CT SHIPPED DETAILS DNLY THE SHADED COLUMNS BELO	OW					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL VALUE	
CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz						0	\$22.00	\$0.00			
[ED00041] Heavenly Sweet Edible Munchies Chile Lime Crackers 100mg THC						3					
ED00032] Heavenly Sweet Edible Munchies Ranch Crackers 100mg THC						3					
[ED00031] Heavenly Sweet Edible Munchies Sriracha Crackers 100mg THC						3					
[ED00027] Heavenly Sweet Edible Munchies Caramel Corn 100mg THC The Oz Shelf Support			orn 100mg THC			1	\$8.50 -\$16.00	*			
				PR∩I	DUCT REJECTION						
	IF PRODUC	CTS ARE REJECTED PL	LEASE CIRCLE THE		BEING REJECTED IN THE PRODUCT	T SHIPP	ED DETAILS	SECTION ABO	VE		
REAS	ON FOR RECECTION										
			PRC	DDUCT R	RECEIPT CONFIRMATION						
		nis shipment match in we	-								
	oducts circled abbove a	ems as inicated received re rejected for delivery ar			cled. e distributor for return to the shipper as	s indicat	ed in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR							HONE				
REJECTIONG PRODUCT					NUMBER DATE SIGNED						
SIGNATURE OF PERSON RECEIVING AND/OR						D/	ATE SIGNED				

REJECTING PRODUCT