## SALES INVOICE / SHIPPING MANIFEST

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INVOICE/MANIFEST # SO7444			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 11/04/2019 10:24 AM									
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION								
STATE LICENSE # C11-0000224-LIC			C		STATE LICENSE #		C10-0000551-LIC						
TYPE OF LICENSE License				STATE LICENSE2#									
BUSINESS NAME Oz Distribution, In			nc.		TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West		ł Blvd		BUSINESS NAME		Triple C Collective							
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126		Santa Cruz, CA			BUSINESS ADDRESS	ADDRESS 14196 Lakeshore Drive							
				CITY, STATE, ZIP CODE		Clearlake, CA 95422							
PHONE NUMBER (831) 600-77		(831) 600-7710			PHONE NUMBER		707-601-1525						
CONTACT NAME Miguel Felix					CONTACT NAME								
				DISTRIBUTO	OR INFORMATION								
STATELL	ICENSE #	C11-0000224-LI0	`		DRIVER'S NAME		lan	John Sterr	herger				
BUSINESS NAME			Oz Distribution, Inc.		CA DRVR LIC #			lan John Sternberger B9920672					
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE		Ford						
CITY, STATE, ZIP CODE		Santa Cruz, CA 9			VEHICLE MODEL	Transit							
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE # 54269L2								
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME (	OF							
		,g.terv e			ARRIVAL								
				PRODUCT S	HIPPED DETAILS								
			RECEIVER COMP	PLETES ONL	Y THE SHADED COLUMNS BE	ELOW							
										UNIT	TOTAL		
								UNIT			RETAIL		
UID						ORD 100			TOTAL COST		VALUE		
CT00176] The Oz Indica Shatter Purple Punch 1g								\$12.00	\$1,200.00				
ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg						100		\$0.50	\$50.00				
ED00118] Dollar Dose - Iozenge - Indica Apple - 5mg						100	)	\$0.50	\$50.00				
				PRODUC	T REJECTION								
	IF PR	ODUCTS ARE REJECTED P	LEASE CIRCLE THE	E ITEMS BEIN	IG REJECTED IN THE PRODU	JCT SHIPF	PED	DETAILS S	SECTION ABO	VE			
REASC	N FOR RECECT	ION											
			DD:		FIDT CONFIDMATION								
Leonfire	n that the content	s of this shipment match in we			EIPT CONFIRMATION								
		f all items as inicated received	· ·										
	ducts circled abb				stributor for return to the shipper	r as indicat	ted in	this form a	and all attache	d produc	t detail		
NAME	OF PERSON RFO	CEIVING AND/OR				PI	HONE	<u> </u>					
REJECTIONG PRODUCT					NUMBER								
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT					DATE SIGNED								