SALES INVOICE / SHIPPING MANIFEST

		SA	LES III V	OICI	E / SHIPPING MAINI	LES) 1				
INVOICE/MANIFEST # SO6353				ACT	ACTUAL DATE AND TIME OF DEPARTURE 08/21/2019 01:31 PM						
ATTACHED PAGES No					ESTIMATED DATE AND TIME OF ARRIVAL						
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LICENSE #		C11-0000224-LI0	C11-0000224-LIC		STATE LICENSE #		M10-17-0000	110-TEMP			
TYPE OF LICENSE Lic		License			STATE LICENSE2#						
BUSINESS NAME Oz Distribution,		nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Ha		195 Harvey West	est Blvd		BUSINESS NAME		Golden State Patient Care				
CITY, STATE, ZIP CODE		Santa Cruz, CA			BUSINESS ADDRESS		233 CA-174				
		950602126		CITY, STATE, ZIP CODE		Colfax, CA 95713					
PHONE NUMBER (831) 600-7710					PHONE NUMBER (530) 5			512-5183			
CONTA	ACT NAME	Miguel Felix			CONTACT NAME						
				DISTRI	BUTOR INFORMATION						
STATE LICENSE # C11-0000224-LIC				DRIVER'S NAME		Bradley Martinez					
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9489158				
BUSINESS ADDRESS		195 Harvey West Blvd			VEHICLE MAKE		Ford				
CITY, STATE, ZIP CODE		Santa Cruz, CA 950602126			VEHICLE MODEL		Transit				
PHONE NUMBER		(831) 600-7710	7710		VEHICLE LIC. PLATE #	54269L2					
CONTA	ACT NAME	Miguel Felix	Miguel Felix		ACTUAL DATE AND TIME OF ARRIVAL						
			RECEIVER COM	MPLETES	ONLY THE SHADED COLUMNS BELC	W					
UID	ITEM NAME						QTY UNIT	TOTAL COST		TOTAL RETAIL	
טוט	Royal Tree Indoor Flower Sativa Jungle Juice 3.5g					32				VALUE	
	Royal Tree Indoor Flower Indica Medcare Kush 3.5g					32					
	Dreamers Edible Oil Syringe Satvia 1G					12					
Dreamers Edible Oil Syringe Indica 1G					12						
Kanebes Indica Flower Blue		, ,	LLS 7g.			32					
	Royal Tree Hybrid Indoor Flower Papaya 3.5g					32 \$21.50		\$688.00			
				PRO	DDUCT REJECTION						
	IF PRODUC	CTS ARE REJECTED P	LEASE CIRCLE TH	HE ITEMS	BEING REJECTED IN THE PRODUCT	SHIPE	PED DETAILS	SECTION ABO	VE		
REAS	SON FOR RECECTION										
				DODUCT	DECEIDT CONFIDMATION						
	irm that the contents of the to take custody of all ite		eight and count as	indicated							
	roducts circled abbove a				he distributor for return to the shipper as	indicat	ted in this form	and all attache	d produc	t detail	
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT							HONE UMBER				
SIGN	ATLIRE OF PERSON RE	CEIVING AND/OR				D	ATE SIGNED				

REJECTING PRODUCT