SALES INVOICE / SHIPPING MANIFEST

		571	LLS II VO	ICL / D			, 1					
INVOICE/MANIFEST # SO7122 A				ACTUAL D	ACTUAL DATE AND TIME OF DEPARTURE 10/23/2019 04:20 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC)		STATE LICENSE #		C10-0000577-LIC						
TYPE OF	TYPE OF LICENSE License				STATE LICENSE2#							
BUSINESS NAME Oz Distribution, Inc.		nc.	TYPE OF			Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd		Blvd	BUSINESS NAME			Medallion Wellness						
		Santa Cruz, CA	A		BUSINESS ADDRESS	4213 McHenry Ave						
		950602126			CITY, STATE, ZIP CODE		Modesto, CA 95356					
PHONE NUMBER (831) 600-7710				PHONE NU			209-248-7472					
CONTACT NAME Miguel Felix					CONTACT NAME							
			D	ISTRIBUTOF	R INFORMATION							
CTATE LI	ICENICE #	044 0000004 146			DDIVEDIO NAME		0	al Dadrian				
STATE LICENSE # BUSINESS NAME		C11-0000224-LIC Oz Distribution, Inc.			DRIVER'S NAME CA DRVR LIC #		Angel Rodriguez B9147506					
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			VEHICLE LIC. PLATE #			54269L2				
CONTACT NAME		Miguel Felix			ACTUAL DATE AND TIME OF			, OLL				
		guo. i ox			ARRIVAL							
					IIPPED DETAILS THE SHADED COLUMNS BEL	OW						
UID	ITEM NAME						QTY REC'		TOTAL COST		TOTAL RETAIL VALUE	
[FL00513]	FL00513] Kanebes Indica Flower Wedding Cake 3.5g SMALLS		MALLS					\$8.50	\$1,088.00			
[FL00535] Kanebes Indica Flower Skywalker Smalls 3.5g			J					\$8.50	\$1,088.00			
	Kanebes Hybrid Flower OC Jack Smalls 3.5g					64	4	\$8.50	\$544.00			
				PRODUCT	REJECTION							
	IF PRODUC	CTS ARE REJECTED PL	LEASE CIRCLE THE I	TEMS BEING	REJECTED IN THE PRODUC	T SHIPF	PED D	ETAILS S	ECTION ABO	VE		
REASC	N FOR RECECTION											
			PROF	DUCT RECE	PT CONFIRMATION							
I confirm	m that the contents of th	nis shipment match in we			i i colu il divitti ole							
I agree	to take custody of all ite	ems as inicated received	above - and which are	e not circled.	ributor for return to the shipper a	s indica	ted in	this form a	and all attached	d product	detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBE	R				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE S	IGNED				