SALES INVOICE / SHIPPING MANIFEST

| INIVOICE | /MANIFEST # SO6868 | <u> </u> | ACTUA. | I DATE AND TIME OF DEDARTIBE | 00/12 | /2010 02: | 53 D | M | | | |
|--|-----------------------------|--|-----------------------|--|-------------------------|----------------------|-------|-----------------|----------|----------|--|
| INVOICE/MANIFEST # SO6868 ATTACHED PAGES No | | | | ACTUAL DATE AND TIME OF DEPARTURE 09/12/2019 02:53 PM ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | | |
| | | | | | | | | | | | |
| SHIPPER INFORMATION | | | | RECEIVER INFORMATION | | | | | | | |
| STATE LICENSE # C11-0000224-LIC | | | STATE LICENSE # | | | 0485 | i-LIC | | | | |
| TYPE OF LICENSE License | | | STATE LICENSE2# | | | | | | | | |
| BUSINESS NAME Oz Distribution, Inc. | | | | TYPE OF LICENSE Retailer License | | | | | | | |
| BUSINESS ADDRESS 195 Harvey West Blvd | | | | BUSINESS NAME | Redwood Herbal Alliance | | | | | | |
| CITY, STATE, ZIP CODE Santa Cruz, CA | | | BUSINESS ADDRESS | | 5270 AE | RO [| OR . | | | | |
| 950602126 | | | | CITY, STATE, ZIP CODE | | Santa Rosa, CA 95403 | | | | | |
| PHONE NUMBER (831) 600-7710 | | | | PHONE NUMBER | | 707-528-3632 | | | | | |
| CONTACT NAME Miguel Felix | | | | CONTACT NAME | | | | | | | |
| | | | DISTRIBLI | TOR INFORMATION | | | | | | | |
| | | | DISTRIBU | TOR INFORMATION | | | | | | | |
| STATE LICENSE # C11-0000224-LIC | | C11-0000224-LIC | | DRIVER'S NAME | | Rodel Jardeleza | | | | | |
| BUSINESS NAME | | Oz Distribution, Inc. | | CA DRVR LIC # | | B82636677 | | | | | |
| BUSINESS ADDRESS | | 195 Harvey West Blvd | | VEHICLE MAKE | Ford | | | | | | |
| CITY, STATE, ZIP CODE | | Santa Cruz, CA 950602126 | | VEHICLE MODEL | Transit | | | | | | |
| PHONE NUMBER (8 | | (831) 600-7710 | | VEHICLE LIC. PLATE # | | 54269L2 | | | | | |
| CONTAC | T NAME | Miguel Felix | | ACTUAL DATE AND TIME OF ARRIVAL | | | | | | | |
| | | | PRODUCT | SHIPPED DETAILS | | | | | | | |
| | | RECEIVE | ER COMPLETES ON | NLY THE SHADED COLUMNS BELO | W | | | | | | |
| | | | | | | | | | UNIT | TOTAL | |
| | | | | | QTY | QTY UN | Т | | RETAIL | RETAIL | |
| UID | ITEM NAME | | | | ORD | REC'IDO | ST | TOTAL COST | VALUE | VALUE | |
| Dreamers Edible Chocolate Indica 100mg | | | | | 12 | 2 9 | 8.50 | \$102.00 | | | |
| | Dreamers Edible Choco | plate Sativa 100mg | | | 12 | 2 5 | 8.50 | \$102.00 | | | |
| | | | PRODI | JCT REJECTION | | | | | | | |
| IF PRODUCTS ARE REJECTED PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS S | | | | | | | | SECTION ABO | VE | | |
| DEACC | NI FOR RECECTION | | | | | | | | | | |
| REASC | N FOR RECECTION | | | | | | | | | | |
| | | | PRODUCT RE | CEIPT CONFIRMATION | | | | | | | |
| I confirm | m that the contents of this | shipment match in weight and co | ount as indicated abo | ve. | | | | | | | |
| The pro | oducts circled abbove are | ns as inicated received above - an rejected for delivery and remain in | | ed. distributor for return to the shipper as | indicat | ed in this | form | and all attache | d produc | t detail | |
| sheet(s | <i>J</i> . | | | | | | | | | | |
| NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT | | | | | PHONE NUMBER | | | | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT | | | | | DA | ATE SIGN | ED | | | | |