SALES INVOICE / SHIPPING MANIFEST

		SA	LLS IIIV	JICL /		II LS) 1					
INVOICE/MANIFEST # SO6976 ACTU					AL DATE AND TIME OF DEPARTURE 09/24/2019 02:48 PM							
ATTACH	ED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL								
	SHIP	PER INFORM	RECEIVER INFORMATION									
STATE LICENSE # C11-0000224-LIC			С		STATE LICENSE #		C10-0000434-LIC					
TYPE OF LICENSE License				STATE LICENSE2#								
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE		Retailer License					
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd		BUSINESS NAME		LAVC					
CITY, STATE, ZIP CODE Santa Cruz, CA					BUSINESS ADDRESS		6132 Wilshire Blvd					
950602126					CITY, STATE, ZIP CODE		Los Angeles, CA 90048					
PHONE NUMBER (831) 600-7710				PHONE NUMBER			323-500-1040					
CONTACT NAME Miguel Felix					CONTACT NAME							
				DISTRIBUT	OR INFORMATION							
STATE LICENSE # C11-0000224-LIC			С	DRIVER'S NAME			Angel Rodriguez					
BUSINESS NAME Oz Distribution,		Inc.		CA DRVR LIC #		B9147506						
BUSINESS ADDRESS 195		195 Harvey West	95 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE Santa Cru		Santa Cruz, CA 9	A 950602126		VEHICLE MODEL		Transit					
		(831) 600-7710	10		VEHICLE LIC. PLATE #		54269L2					
CONTACT NAME Miguel Felix					ACTUAL DATE AND TIME OF ARRIVAL							
			RECEIVER COMP		SHIPPED DETAILS LY THE SHADED COLUMNS BEI	_OW						
UID	ITEM NAME						QTY UNI		TOTAL COST		TOTAL RETAIL VALUE	
[ED0015]	ED0015] Dollar Dose - lozenge - Indica Apple - 5mg					600	\$	0.50	\$300.00			
ED00433] Dollar Dose - lozenge - Sativa Watermelon - 5mg			ōmg			400	\$	0.50	\$200.00			
Summit Boys Refined Crumble True OG 1g						10	_	6.00	\$160.00			
Summit Boys Caviar Crumble Banjo Glue 1g						10		6.00	\$160.00			
S-Summit Boys Refined Crumble True OG 1g					1		30.01	\$0.01				
	S -Summit Boys Cavia	ar Crumble Banjo Glue 1	1g			1	\$	30.01	\$0.01			
				PRODU	CT REJECTION							
	IF PRODUC	CTS ARE REJECTED PI	LEASE CIRCLE THE		ING REJECTED IN THE PRODUC	CT SHIPP	PED DETA	ILS S	SECTION ABO	VE		
REASC	N FOR RECECTION											
					CEIPT CONFIRMATION							
I agree The pro	to take custody of all ite oducts circled abbove ar	ais shipment match in we ems as inicated received re rejected for delivery a	d above - and which a	are not circle		as indicat	ed in this f	form	and all attache	d produc	t detail	
sheet(s).											
NAME	OF PERSON RECEIVIN	NG AND/OR				PH	HONE					
REJECTIONG PRODUCT							JMBER					
SIGNATURE OF PERSON RECEIVING AND/OR						D/	ATE SIGN	ED				

REJECTING PRODUCT