SALES INVOICE / SHIPPING MANIFEST

		571	LLD IIII	OICL /			, 1					
INVOICE/MANIFEST # SO7905				ACTUA	ACTUAL DATE AND TIME OF DEPARTURE 11/22/2019 04:10 PM							
ATTACHED PAGES No			ESTIMATED DATE AND TIME OF ARRIVAL									
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LI	CENSE #	C11-0000224-LI0			STATE LICENSE #							
TYPE OF LICENSE License				STATE LICENSE2#	ICENSE2 #							
BUSINESS NAME Oz Distribution, Inc.			nc.		TYPE OF LICENSE	Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			Blvd		BUSINESS NAME		cindy ozinc com					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126					BUSINESS ADDRESS	0						
					CITY, STATE, ZIP CODE		0, CA 0					
PHONE NUMBER (831) 600-7710					PHONE NUMBER		0					
CONTAC	TNAME	Miguel Felix			CONTACT NAME							
				DISTRIBU	TOR INFORMATION							
STATE LI	CENSE #	C11-0000224-LI0	2		DRIVER'S NAME		And	jel Rodrigu	ez			
BUSINES			Oz Distribution, Inc.		CA DRVR LIC #		B9147506					
BUSINESS ADDRESS			195 Harvey West Blvd		VEHICLE MAKE		Ford					
CITY, STATE, ZIP CODE		Santa Cruz, CA 9	Santa Cruz, CA 950602126		VEHICLE MODEL		Transit					
PHONE NUMBER		(831) 600-7710			VEHICLE LIC. PLATE #		54269L2					
CONTAC	TNAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL							
			RECEIVER COM		T SHIPPED DETAILS NLY THE SHADED COLUMNS BELC)W						
UID	ITEM NAME							UNIT	TOTAL COST		TOTAL RETAIL VALUE	
[FL00533] S -Royal Gems Sativa Flower Star Cookie 3.5g			g					\$0.01	\$0.01			
FL00631] S -Royal Gems Hyrbid Flower Gelato 3.5g							2	\$0.01	\$0.02			
FL00632] S -Royal Gems Hyrbid Flower Peanut Butter Breath 3.5g						2	2	\$0.01	\$0.02			
				PRODI	UCT REJECTION							
	IF PRODU	JCTS ARE REJECTED P	LEASE CIRCLE TH	IE ITEMS BE	EING REJECTED IN THE PRODUCT	SHIP	PED [DETAILS S	SECTION ABO	VE		
REASO	N FOR RECECTION											
			PR	RODUCT RE	ECEIPT CONFIRMATION							
I confirm	n that the contents of	this shipment match in we										
_	ducts circled abbove	items as inicated received are rejected for delivery a			led. distributor for return to the shipper as	indica	ted in	this form a	and all attache	d product	detail	
NAME OF PERSON RECEIVING AND/OR					PHONE							
REJECTIONG PRODUCT						N	UMBI	ER				
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT						D	ATE :	SIGNED				