SALES INVOICE / SHIPPING MANIFEST

INVOICE/MANIFEST # SO6455			ACTUAL	ACTUAL DATE AND TIME OF DEPARTURE 08/23/2019 01:35 PM					
ATTACHED PAGES No			ESTIMA	ESTIMATED DATE AND TIME OF ARRIVAL					
SHIPPER INFORMATION				RECEIVER INFORMATION					
STATE LICENSE # C11-0000224-LIC			STATE LICENSE #	# M10-17-0000056-TEMP					
TYPE OF LICENSE License			STATE LICENSE2#		A10-17-0000082-TEMP				
BUSINESS NAME Oz Distribution, Inc.			TYPE OF LICENSE	F	Retailer License				
BUSINESS ADDRESS 195 Harvey West Blvd			BUSINESS NAME	5	South Coast Safe Access				
CITY, STATE, ZIP CODE Santa Cruz, CA			BUSINESS ADDRESS	•	1900 Warner AVE				
950602126		950602126		CITY, STATE, ZIP CODE	9	Santa Ana, CA 92705			
PHONE NUMBER (831) 600-7710		(831) 600-7710		PHONE NUMBER	((714) 686-500)1		
CONTACT NAME Miguel Felix			CONTACT NAME						
			DISTRIBUT	OR INFORMATION					
STATE	ICENSE #	C11-0000224-LIC		DRIVER'S NAME		Angel Rodrigi	IE7		
BUSINESS NAME		Oz Distribution, Inc.		CA DRVR LIC #		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						
				ARRIVAL					
				SHIPPED DETAILS					
		RECEIVE	R COMPLETES ONI	LY THE SHADED COLUMNS BELOV	W				
								UNIT	TOTAL
					QTY C	OTY UNIT		RETAIL	RETAIL
JID	ITEM NAME				ORD R	REC'DOST	TOTAL COST	VALUE	VALUE
	Royal Tree Indoor Flow	wer Chemdawg Sativa 3.5g			64	\$21.00	\$1,344.00		
	S -Royal Tree Indoor F	Flower Chemdawg Sativa 3.5g			1	\$0.01	\$0.01		
			PPODLI	CT REJECTION					
	IF PRODUC	TS ARE REJECTED PLEASE CIRC		NG REJECTED IN THE PRODUCT :	SHIPPE	D DETAILS	SECTION ABO	VE	
REASC	ON FOR RECECTION								
			DDODLICT DEC	CEIPT CONFIRMATION					
Loonfire	m that the contents of thi	is shipment match in weight and cou							
		ms as inicated received above - and							
_	oducts circled abbove are			istributor for return to the shipper as i	indicate	d in this form	and all attache	d produc	t detail
NAME OF PERSON RECEIVING AND/OR				PHO	ONE				
,		REJECTIONG PRODUCT				MDED			
	TIONG PRODUCT				NUI	MBER			