SALES INVOICE / SHIPPING MANIFEST

| | | I | | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|------------------------------------|---|------------------|---------------------------------|------------------|-----------------|-----------|--------------------------|--|
| | | | | | ACTUAL DATE AND TIME OF DEPARTURE 10/30/2019 02:58 PM | | | | | | | |
| ATTACHE | ED PAGES | No | | ESTIMATED DATE AND TIME OF ARRIVAL | | | | | | | | |
| SHIPPER INFORMATION | | | | | RECEIVER INFORMATION | | | | | | | |
| STATE LICENSE # C11-0000224-LIC | | | } | | STATE LICENSE # | | C10-0000380-LIC | | | | | |
| TYPE OF LICENSE License | | | | STATE LICENSE2 # | | - | | | | | | |
| BUSINESS NAME Oz Distribution, Inc. | | nc. | | TYPE OF LICENSE | | Retailer License | | | | | | |
| BUSINESS ADDRESS 195 Harvey West Blvd | | | | BUSINESS NAME | | | Mount Shasta Patient Collective | | | | | |
| CITY, STATE, ZIP CODE Santa Cruz, CA | | | | | BUSINESS ADDRESS | | 408 S Mt. Shasta Blvd | | | | | |
| 950602126 | | | | | CITY, STATE, ZIP CODE | | Mt. Shasta, CA 96067 | | | | | |
| PHONE NUMBER (831) 600-7710 | | | | | | | | (530) 926-6337 | | | | |
| CONTACT NAME Miguel Felix | | | | | CONTACT NAME | ì | | | | | | |
| | | | | DIOTRIDI ITO | NE INFORMATION | | | | | | | |
| | | | | DISTRIBUTO | OR INFORMATION | | | | | | | |
| STATE LICENSE # | | C11-0000224-LIC | C11-0000224-LIC | | DRIVER'S NAME | | | Bradley Martinez | | | | |
| BUSINESS NAME | | Oz Distribution, I | Oz Distribution, Inc. | | CA DRVR LIC # | | B9489158 | | | | | |
| BUSINESS ADDRESS | | 195 Harvey West | 195 Harvey West Blvd | | VEHICLE MAKE | Ford | | | | | | |
| CITY, STATE, ZIP CODE | | Santa Cruz, CA 9 | 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 | | | | | | | |
| | | | RECEIVER COM | | HIPPED DETAILS Y THE SHADED COLUMNS BEL | .OW | | | | | | |
| UID | ITEM NAME | | | | | | QTY | | TOTAL COST | | TOTAL RETAIL VALUE | |
| [FL00557] | _00557] Royal Tree Indoor Flower Black Domina 3.5g | | | | 3 | 2 | \$22.00 | \$704.00 | | | | |
| FL00319] Royal Tree Indoor Flower Hybrid Banjo 3.5g | | | | | 3 | 2 | \$22.00 | \$704.00 | | | | |
| | Royal Tree Sh | nelf Support | | | 2 | -\$23.00 | -\$46.00 | | | | | |
| | | | | PRODUC | T REJECTION | | | | | | | |
| | IF P | RODUCTS ARE REJECTED P | LEASE CIRCLE TH | HE ITEMS BEIN | IG REJECTED IN THE PRODUC | T SHIP | PED D | ETAILS S | SECTION ABO | VE | | |
| REASO | N FOR RECEC | CTION | | | | | | | | | | |
| | | | DI | DODUCT DEC | EIDT CONEIDMATION | | | | | | | |
| l confirm | n that the conte | nts of this shipment match in we | | | EIPT CONFIRMATION | | | | | | | |
| I agree | to take custody ducts circled at | of all items as inicated received | above - and which | n are not circled | | as indica | ited in t | his form a | and all attache | d product | detail | |
| NAME OF PERSON RECEIVING AND/OR | | | | | PHONE | | | | | | | |
| REJEC | TIONG PRODU | ICT | | | NUMBER | | | | | | | |
| SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT | | | | | | D | ATE S | IGNED | | | | |