SALES INVOICE / SHIPPING MANIFEST

		SA	LES INVO	ICE / S		LES	1					
INVOICE/MANIFEST # SO7569				ACTUAL DATE AND TIME OF DEPARTURE 11/01/2019 03:44 PM								
ATTACHE	D PAGES	No		ESTIMATED DATE AND TIME OF ARRIVAL								
SHIPPER INFORMATION					RECEIVER INFORMATION							
STATE LICENSE # C11-0000224-LIC			С	STATE LICENSE #			C10-0000191-LIC					
TYPE OF LICENSE		License			STATE LICENSE2 #		C10-0000191-LIC					
BUSINESS NAME Oz Distribution, Inc.		Inc.	TYPE OF LICENSE		Retailer License							
BUSINESS ADDRESS 195 Harvey West Blvd					BUSINESS NAME		California Caregivers Alliance					
CITY, STATE, ZIP CODE Santa Cruz, CA 950602126 PHONE NUMBER (831) 600-7710					BUSINESS ADDRESS	2815 W Sunset Blvd #201						
					CITY, STATE, ZIP CODE		Los Angeles, CA 90026					
				PHONE NUMBER			213.353.0100					
CONTACT	NAME	Miguel Felix			CONTACT NAME							
				DISTRIBUTO	R INFORMATION							
STATE LICENSE # C11-0000224-LIC			C		DRIVER'S NAME			Angel Rodriguez				
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		0.20022	_				
		inigue: 1 Cint			ARRIVAL							
					HIPPED DETAILS 7 THE SHADED COLUMNS BELC)W						
JID	ITEM NAME						QTY UN		TOTAL COST		TOTAL RETAIL VALUE	
	8] Royal Tree Indoor Flower Indica Medcare Kush 3.5g		sh 3 5a					21.00			VALUE	
	.00019] Royal Tree Indoor Flower Fire OG 3.5g		311 0.0g			32		21.00				
FL00588] Royal Tree Indoor Flower Super Glue Sativa 3.5g		3.5a			32		23.00					
FL00538] Kanebes Indica Flower Wedding Cake 3.5g		0.09			32		12.00					
Royal Tree Shelf Support			adming cance c.og					21.00				
	Royal Tree Sh	• • • • • • • • • • • • • • • • • • • •				1		23.00				
Kanebes Shelf Support							12.00					
				PRODUC [*]	T REJECTION							
	IF F	PRODUCTS ARE REJECTED P	PLEASE CIRCLE THE	ITEMS BEIN	G REJECTED IN THE PRODUCT	SHIPP	PED DETA	AILS S	SECTION ABO	VE		
REASO	N FOR RECEC	CTION										
			DD.		UDT CONFIDMATION							
I confirm	that the conte	ents of this shipment match in we			IPT CONFIRMATION							
I agree t	o take custody ducts circled at	of all items as inicated received	d above - and which a	are not circled.		indicat	ed in this	form	and all attache	d product	detail	
NAME C	F PERSON R	ECEIVING AND/OR				PH	HONE					
REJECTIONG PRODUCT						NU	JMBER					
SIGNATURE OF PERSON RECEIVING AND/OR					DATE SIGNED							

REJECTING PRODUCT