## SALES INVOICE / SHIPPING MANIFEST

		571	ELS HVVO	ICL / L		Lo	1				
INVOICE/MANIFEST # SO7600				ACTUAL DATE AND TIME OF DEPARTURE 11/06/2019 03:32 PM							
ATTACHED PAGES No				ESTIMATED DATE AND TIME OF ARRIVAL							
SHIPPER INFORMATION					RECEIVER INFORMATION						
STATE LI	CENSE #	C11-0000224-LI0	3		STATE LICENSE #		C10-0000088	-LIC			
TYPE OF		License			STATE LICENSE2 #		0.0000000				
BUSINESS NAME Oz Distribution, Inc.		nc.	TYPE OF LICENSE		Retailer License						
BUSINESS ADDRESS 195 Harvey West Blvd			t Blvd	BUSINESS NAME		Sundialed Ukiah					
CITY, STATE, ZIP CODE Santa Cruz, CA				BUSINESS ADDRESS			2601 N State	St.			
		950602126			CITY, STATE, ZIP CODE		Ukiah, CA 954	182			
PHONE NUMBER		(831) 600-7710	(831) 600-7710		PHONE NUMBER		(707) 298-8105				
CONTACT NAME M		Miguel Felix			CONTACT NAME						
			D	ISTRIBUTO	R INFORMATION						
STATE LI	CENSE #	C11-0000224-LIC			DRIVER'S NAME		Bradley Martinez				
BUSINESS NAME		Oz Distribution, Inc.			CA DRVR LIC #		B9489158				
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				
CONTAC	T NAME	Miguel Felix			ACTUAL DATE AND TIME OF ARRIVAL						
					HIPPED DETAILS 7 THE SHADED COLUMNS BELO	W					
						QTY (	QTY UNIT		UNIT RETAIL	TOTAL RETAIL	
UID	JID ITEM NAME					ORD F	REC'DOST	TOTAL COST	VALUE	VALUE	
[CT00192] Heavenly Sweet Edible Cannabutter 1000mg THC 4oz			THC 4oz			3	\$22.00	\$66.00			
[CT00191] Heavenly Sweet Edible Cannabutter 2000mg THC 4 oz						3	\$33.00	\$99.00			
[ED00017] Dollar Dose - lozenge - Sativa Hibiscus - 5mg						50	\$0.50	\$25.00			
[ED00018] Dollar Dose - lozenge - Sativa Watermelon - 5mg					50 \$0.4 50 \$0.4						
[ED00118] Dollar Dose - lozenge - Indica Apple - 5mg [ED00120] Dollar Dose - lozenge - Indica Rootbeer - 5mg			_				\$0.50				
[ED00120	Dollar Dose - lozenge -	indica Rootbeer - 5mg	)			50	\$0.50	\$25.00			
	IE DDODLICT	C ADE DE JECTED D			T REJECTION	CHIDDE		SECTION ABO	\/F		
	IF FRODUCT	S ARE REJECTED P	LEASE CIRCLE THE I	TEINIS BEIN	G REJECTED IN THE PRODUCT	SHIFFE	ED DETAILS	SECTION ABO	VE		
REASO	N FOR RECECTION										
			PPOF	OLICT DECE	EIPT CONFIRMATION						
Loonfirm	n that the contents of this	chinmont match in we									
I agree	to take custody of all item ducts circled abbove are	s as inicated received	l above - and which are	e not circled.		indicate	d in this form	and all attached	d produc	t detail	
(0)											
NAME OF PERSON RECEIVING AND/OR REJECTIONG PRODUCT					PHONE NUMBER						
SIGNATURE OF PERSON RECEIVING REJECTING PRODUCT		EIVING AND/OR					TE SIGNED				